

Staying on the Fitrah
Constructing a model of how Muslim therapists use an
Islamically integrative approach with young Muslim
children

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Key Terms

Amanah- trustworthiness, in a religious context, it is used to refer to the responsibility to use our free will to serve Allah (Islam Question & Answer, 2024)

Allah- The name of the one and only God in Islam (Britannica, n.d.)

Aql- Intellect (Rothman, 2019)

Dhikr – remembrance of Allah

Fitrah/Fitri- Human nature/natural disposition (Rothman, 2019)

Hadith- These are the traditions and sayings of the Prophet Muhammad (SAW) which are used as a source of guidance for Muslims on how to practice Islam (Britannica, n.d.)

Jannah- Paradise

Jihad an Nafs- Struggle of the soul (Rothman, 2019)

Madrasah- A place of study that Muslims go to learn about the religion

Nafs- Soul, sometimes in reference to the soul in entirety, and sometimes in reference to the lower part of the soul, similar to the concept of ego (Rothman, 2019)

Nafs al Ammarah - Soul that inclines to evil (Rothman, 2019)

Nafs al Lawwamah- Self-accusing soul (Rothman, 2019)

Nafs al Mutmainah - Soul at rest (Rothman, 2019)

Non-directive approach- Therapeutic approaches which are more client led not necessarily focused on a specific goal. More explorative usually reflective of a person-centred therapy and play therapy approaches.

Directive approach- The therapist takes more of a led in co-facilitating with the client, helping them around certain goals or/and objectively.

Prophet Muhammad (saw) – The last and final prophet of Islam. SAW is an abbreviation for the Arabic phrase "sallallahu 'alayhi wa sallam", which means "peace be upon him" which is a sign of respect that Muslims use when referring to the prophet. ('Muhammad in Islam", 2024)

Ruh - The Divine spark within the human being, or/and the aspect of the soul which is connected to God (Rothman, 2019)

Salah- Ritual prayer performed by Muslims five times a day oriented towards Mecca in Saudi Arabia (Vocabulary, n.d.)

Shariah- Islamic law understood as a system of rules that are divinely ordained to guide Muslims towards righteousness. (Britannica, n.d.)

Sunnah- “Sunnah is all that has been related from the Prophet (peace be on him) from his speech, actions, approvals, physical or moral attributes, or biography, regardless of whether any of above is from the period before the first revelation or after it.” (Sibā’ī, 2008, P.73)

Tadthib al Akhlaq- Reformation of character (Rothman, 2019)

Tarbiyah- The process of developing, maintaining, guarding, handling, delivering knowledge, giving guidance usually in reference to children or students. (Abdurrahman & Rosyidin (2017).

Tazkiyat an Nafs - Purification of the soul (Rothman, 2019)

Qalb Heart -the spiritual centre of the human being (Rothman, 2019)

Qadr- Divine Decree

Quran- The Quran is the holy book for Muslims, which is believed to contain the word of God (Allah) and revealed to the Prophet Muhammad SAW (Abdel-Halim, 2013; Oxford Learner's Dictionaries, n.d.)

Abstract

In recent years, there has been a move towards decolonial approaches in psychology by incorporating non- Western understandings of human behaviour. Many Muslim therapists have sought an approach that reflects their religious values through training in Islamic Psychology. However, there is a lack of guidance on how best to apply these Islamic principles when working with young Muslim children. This study seeks to contribute to knowledge about how Islamic psychology can be applied in therapeutic settings with young children. The aim of the study is to provide a theory of how Islamic psychology is applied within the UK context when working with young Muslim children under the age of 12.

Eight qualified Muslim therapists who integrate Islamic principles with Western psychological approaches were interviewed. The interviews were analysed using a constructivist grounded theory approach with an Islamic epistemological lens. The analysis produced a theory proposing that for Muslim therapists working with young Muslim children, the core principle guiding their work is helping children to stay on the fitrah. The analysis highlighted five higher- order categories that illustrated the various ways Muslim therapists work with children to achieve this aim: creating a safe space, laying the foundation, being a mirror, being an advocate, and strengthening the family unit. One key part of the model is how an Islamic understanding of lifespan development influences Muslim therapists to work in both directive and non- directive ways. Children occupy a unique stage within an Islamic understanding, transitioning from a sinless state to a being held accountable for their sins as they enter puberty.

The analysis suggests that the therapists understood their role not only creating a safe therapeutic space but also as operating within the circle of influence around the child. They help children build a healthy sense of their identities as Muslims within a minoritised and Islamophobic context. This study makes a unique contribution to the fields of both Islamic psychology and counselling psychology. It highlights the specific nuances important for adapting an Islamic psychology approach to working with children, as well as providing a model with practical suggestions of methods that practitioners can use when working with Muslim children.

Declaration

No portion of the work referred to in the thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning

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1.1 Introduction

This chapter provides a background of my journey as a researcher, specifically what led me to explore the topic of using an Islamic psychological approach when working with young Muslim children. It also outlines the context by explaining the fundamentals of Islam and the position of Muslims in Britain. This is followed by framing the study within a decolonial lens and defining key terms such as Islamic psychology. Lastly, I provide a rationale for why a counselling psychology approach is suitable for this topic area. The chapter concludes with an overview of the thesis structure to guide readers.

1.2 Background to the study

As a British Nigerian Muslim woman, I have always been interested in human behaviour. I believe it stems from the multiple identities I occupy. I have always felt like both an insider and an outsider, which has made me curious about the variations of human behaviour across different cultures. My interest in Islamic psychology began when I pursued a master's in counselling, during which I took a module on the history of psychotherapy within the Western world. I found it fascinating how the rise of psychotherapy coincided with the rise of secularism. Suddenly, everything started making sense regarding why psychology was sometimes viewed with suspicion within the communities I belonged to and seen as incompatible with a spiritual worldview. It was the first time I began to see the rise of psychotherapy as a product of a social phenomenon that emerged in a specific time and culture.

I was a recipient of the Aziz Foundation Scholarship from 2017 to 2019, which required me to undertake a prophetic leadership course. During this time, I was assigned a mentor who was the founder of the Islamic Psychological Professional Association. I began to volunteer for this organization, where I met many individuals doing important work in the fields of Islamic psychology and Muslim mental health. I met numerous Muslim therapists trained in Western psychotherapy who had sought additional training in Islamic psychology. I was curious about how they blended those two approaches. This curiosity led to my master's thesis investigating

how Muslim psychodynamic therapists work with clients who attribute their mental distress to jinn possession. The findings illustrated that many Muslim therapists were able to utilize both Western and Islamic healing practices to help their clients find meaning in their unusual experiences (Alli, 2019).

After several attempts, I finally secured a place in the Counselling Psychology doctorate program. I was grateful to Allah for enabling me to obtain funding from the National Zakat Foundation. I immediately knew I wanted to conduct research in the area of Islamic psychology and/or Muslim mental health. I completed a level one training in Islamic psychology and did one of my placements in an Islamic counselling service. I also completed a placement in a primary school, providing person-centred counselling to children from a predominantly Muslim population. Some of the children I worked with came from Muslim families. These experiences sparked my curiosity and left me with questions that have led to this study, such as:

How can I use an Islamic approach when working with young Muslim children?

What does Islam say about children as spiritual beings?

Having provided a background of my motivations for conducting this study, I will now give a brief overview of the religion of Islam.

1.3 What is Islam?

Islam is the second-largest religion in the world, making up 24% of the global population (Pew research, 2017). The Muslim population is expected to increase from 23% of the world population in 2010 to 30% by 2050 (Pew research, 2015). This trend is reflected in the United Kingdom (UK), where the population of Muslims has risen over 10 years from 4.9% in 2011 to 6.5% in 2021 (ONS, 2022). The word Islam means to surrender or submit to God's will

(Schimmel & Mahdi, 2024). The Arabic name for God is Allah (Schimmel & Mahdi, 2024). Islam is a monotheistic religion, meaning that Allah is understood to be the sole creator and sustainer of the world (Schimmel & Mahdi, 2024). Muslims believe that Allah sent down scripture revealed to the Prophet Muhammad (saw), who is the final and last messenger (Al-Qaradawi, 2010). They believe that the Prophet Muhammad (saw) came to confirm what all previous prophets revealed (Al-Qaradawi, 2010; Schimmel & Mahdi, 2024). For Muslims, the Quran is unique among all previous scriptures because Allah has preserved it from any corruption, ensuring it has not been distorted and remains in its pure form (Al-Qaradawi, 2010).

In addition, an important source of religious knowledge for Muslims is the sunnah, which encompasses the Prophet's (saw) behaviours and actions. The recorded statements of his actions are known as hadith (Zarabozo 2014). Originally, this was an oral tradition, but as Islam spread, there was a need to preserve the sayings of the Prophet Mohammed (saw) in a more refined manner. Various books of hadith exist from Muslim scholars such as Bukhari, Muslim, and Tirmidhi, who have established which of these sayings have a verifiable chain of narration (Klein, 2015).

Islam contains five pillars that form the foundation of the faith. The first pillar is the proclamation of faith, affirming that Allah is the only one worthy of worship and that Prophet Muhammad (saw) is His last messenger (Zarabozo 2014). Secondly, one must establish five daily prayers, offered at fixed times. This serves as a constant reminder for believers of the purpose of their lives. Thirdly is zakat, a form of charity in which a specific portion of one's wealth is given to the less fortunate (Zarabozo 2014). Fourthly, fasting during the month of Ramadan involves abstaining from food, drink, and sexual relations from sunrise to sunset to cultivate God-consciousness. Lastly is the pilgrimage to Mecca at least once in one's lifetime, known as Hajj. This involves traveling to Mecca in the last month of the Islamic calendar and following specific rituals that emulate the footsteps of important Islamic figures such as Prophet Abraham, his wife Hagar, and the Prophet Muhammad (saw).

It is important to note that this thesis takes a Sunni perspective on Islam and Islamic psychology. After the Prophet Muhammad (saw) passed away, there was disagreement among Muslims regarding who should be the next leader (Blanchard, 2010). Some Muslims believed that leadership should be granted based on bloodline, while others disagreed with this principle. This led to a schism into two major sects in Islam, called Sunni and Shia. Within Sunni Islam, there are four major legal schools of thought: Maliki, Hanafi, Hanbali, and Shafi'i (Saeed, 2006). Certain Muslim countries tend to follow a particular legal school; however, over the last century, this has changed as fewer Muslims focus solely on one school, with many scholars emphasising common areas. I will now provide a brief history of the Muslim presence in Britain because this study focuses on the clinical experiences of Muslim therapists in the UK working with young Muslim children.

1.4 Muslims in Britain

There has been a recorded presence of Muslims in the UK since the seventeenth century (Weller & Cheruvallil-Contractor, 2014). This was inextricably linked to the growth of the British Empire, which colonised many countries in the Muslim world. This led to the arrival of Muslim men called lascars, who were mainly from Bengal but also included Somalis, Yemenis, Turks, and Malays (Gilliat-Ray, 2010; Weller & Cheruvallil-Contractor, 2014). These men worked as sailors, often under less than satisfactory conditions. As the ships docked at seaport towns and cities such as Liverpool, London, South Shields, and Cardiff, many of these men sought accommodation in these towns, and some settled and married local women (Gilliat-Ray, 2010). These Muslims were segregated from mainstream British society as they were part of an underclass that mainly occupied spaces associated with the British Empire, like the dockyards (Gilliat-Ray, 2010). Additionally, by the mid-nineteenth century, many Muslims within the fold of the British Empire felt that, to progress as a society, they needed to educate themselves on European ideas (Gilliat-Ray, 2010). Therefore, they arrived to attend British universities, some returning to their home countries and some remaining in Britain.

The establishment of the first mosque in Britain, called the Liverpool Muslim Institute, was founded by Abdullah Quilliam, a British convert to Islam. This marked a significant turning point for British Muslims in 1889 (Weller & Cheruvallil-Contractor, 2014). Quilliam became known in the Muslim world through his weekly and monthly publications (Gilliat-Ray, 2010; Page, 2018). These publications had subscribers from all around the world, including West and North Africa, parts of Europe, and the United States of America (USA) (Page, 2018; Singleton 2009). Quilliam traveled throughout the Muslim world, leading to visits to the mosque in Liverpool from religious scholars from Sierra Leone and Nigeria (Singleton, 2009). Additionally, his preaching attracted a growing but small number of British Muslim converts (Gilliat-Ray, 2010). However, after World War Two, Muslims from South Asia and Africa began settling in the UK in large numbers to work in factories (Weller & Cheruvallil-Contractor, 2014). Initially, many immigrants viewed Britain as a temporary home and maintained strong connections to their home countries. But over time, Britain became a permanent home as their British children felt more at home in the UK (Gilliat-Ray, 2010). In the later part of the 20th century, there was another wave of migration of Muslim refugees and asylum seekers from Algeria, Bosnia, and Somalia settling in Britain (Gilliat-Ray, 2010). According to the last census conducted in 2021, 6.5% of the population, or 3.9 million people, in England and Wales identified as Muslim (ONS, 2022). For the first time, the census recorded that the majority of Muslims in England and Wales, 51%, are British-born (Muslim Council of Britain, 2021). This shows a significant shift from the seventeenth century, when most Muslims viewed Britain as a temporary stop and those who did stay were in small numbers, to the present, where there are now second and third generation British Muslims.

When Muslims first migrated to Britain, they were viewed through the lens of their ethnicity rather than their religious affiliation (Runnymede Trust, 2017). This was because it was assumed that most Muslim migrants, as well as their children, would become less religious over time by adopting the values of secularism (Weller, 2004). However, the opposite was true ; religious identity became more important for second and third generation Muslims (Hutnik

1985, Saeed et al. 1999). There was slowly an acknowledgement that Islamic belief is a key identity marker spanning across different ethnicities. This marked a “shift from race to religion, ” where hostility shifted from being focused on race and ethnicity to religion (Allen, 2005, p.55). There was a recognition that there is a type of discrimination specific to Muslims. In November 1997, the Runnymede Trust published Islamophobia: A Challenge for Us All. This brought the use of the word Islamophobia into prominence. Runnymede Trust provided two definitions of islamophobia; the short definition is “Islamophobia is anti-Muslim racism” (Runnymede, 2017, p.7) and a more detailed definition:

Islamophobia is any distinction, exclusion, or restriction towards, or preference against, Muslims (or those perceived to be Muslims) that has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life. (Runnymede, (2017, p.7)

Islamophobia is a distinct type of discrimination that overlaps with racism but is also different; it is linked to discrimination based on beliefs and thoughts that anyone from any ethnicity or race can adopt (Maynard, 2023). Muslims in Britain have faced discrimination since they first arrived on British shores. This is highlighted in English literature, where writers such as Shakespeare depicted Muslims as ‘the other’ through racialised language, such as Turk and Moor (Altabaa & Nasir, 2022; Shah, 2015). The 9/11 attacks on the World Trade Centre forever changed how Muslims were perceived in Britain. After 9/11, Muslims were treated as a threat to Western civilisation, and Islamic beliefs were viewed as inherently linked with terrorist activity (Elahi & Khan, 2017). 9/11 launched the ‘war on terror, ’ which led to policies and laws that granted the government enhanced power to address the threat of ‘Islamic extremists’ (Alexander, 2017). Furthermore, other events, like the 7/7 bombing in 2005 and British

Muslims who went to the so- called Islamic State, further cemented the otherness of British Muslims. Various British governments have introduced many 'counter- terrorism' strategies that have targeted British Muslims. One of these strategies involves embedding the so- called Fundamental British values into school curricula (Hussain & Meer, 2017). The supposed rationale is that fostering a stronger sense of British identity among Muslims would counter extremism, as they would be less inclined to commit acts of terrorism if they felt more British. Additionally, there has been increased securitisation of British Muslims through counter- terrorism strategies like Prevent, which assigns public bodies the responsibility of detecting early signs of radicalisation (Cohen and Tufail, 2017).

British Muslims face many challenges. Although they now primarily consist of individuals born in Britain who consider it their home, their affiliation with Islam has rendered them subject to suspicion and perceived as untrustworthy members of the state. Public policies have treated their allegiance as tenuous at best. This situation leaves British Muslims in a difficult position, where their Britishness is constantly questioned. Having outlined the presence of Muslims in Britain, I will now provide background on the decolonising movement and its relevance to Islamic psychology.

1.5 Decolonising knowledge

There has been a movement in recent years to decolonise curricula in Western universities. For centuries, there has been an erasure of non- Western epistemologies and ontologies. Epistemic racism reduces non- Western ways of knowing to an inferior status, placing them on the periphery of Western knowledge (Grosfoguel, 2012; Seedat, 2021). Grosfoguel (2013) stated that the conquest of Al- Andalus, the transatlantic slave trade, the killing of 'witches' in Europe, and the conquest of the Americas in the 16 th century led not only to genocide but also to epistemicide. The conquest of Al- Andalus resulted in the burning of libraries, with over 500,000 books destroyed. Enslaved Africans were forbidden to practice their religions, and

many, including Muslims, were also banned from receiving an education (Diouf,1999). In addition, the knowledge of many women who transmitted their wisdom orally was erased and lost. Consequently, Western universities reflect this history by positioning knowledge produced by a few men, mainly from five countries- four in Western Europe (the UK, France, Germany, and Italy) and the USA- as superior to knowledge produced in the Global South. Theories produced are regarded as universal and capable of explaining the social and historical realities of the Global South.

Psychology, as taught in many Western universities, has been presented as a colour- blind discipline (Phiri et al., 2023). It is taught as the ‘science of human behaviour’; therefore, in its claims to objectivity, there is no need to understand the cultural context in which psychology developed. In the last few decades, there has been a shift away from this trajectory towards a psychology that localises the understanding of the human being, reflecting a particular sociocultural context. This has been termed Indigenous psychologies, which are “systems of knowledge and wisdom based on non- Western paradigms originating in their particular ecologies and cultures” (Ciodalo, 2019, p. 41). Many indigenous psychologies exist, including but not limited to African psychologies, Filipino psychologies, First Nations psychologies, and Chinese psychologies (Ciodalo, 2019).

Within the Muslim world, there has been an acknowledgement that Western psychological concepts and theories have been imposed on Muslim populations, which do not always capture an Islamic worldview (Badri, 1979). The re- emergence of Islamic psychology arose from the tension between these two different paradigms. Islamic psychology is an indigenous approach rooted in an Islamic understanding of human behaviour, grounded in the Quran and the traditions and sayings of Prophet Muhammad (saw) (Haque, 1998; Rothman, 2018; Utz, 2011). The re-emergence of Islamic psychology can also be understood as a method of gaining epistemic freedom by legitimising and recognising alternative ways of knowing and highlighting the contributions that Muslims have made to the field of psychology (Seedat, 2021). Within the Muslim world, mental health conditions have been treated for centuries prior to modern

psychiatry and psychology. The world's first mental health ward was established in Baghdad in the eighth century, and the first university was founded in 859 by a Muslim woman, Fatima al-Fihri, in Fez, Morocco (Awaad et al., 2018; Cherradi, 2016; Shaikh, 2023). However, much of this knowledge is not shared within mainstream Western psychology education.

This study operates within a decolonial paradigm by positioning Islamic psychology as a legitimate psychological approach. This research aims to spread awareness of non-Western psychological methods and highlight their unique contributions to psychological knowledge. The next section will focus on the definitions of Islamic psychology that will be used in this study and outline the courses available to practitioners.

1.6 Defining Islamic psychology

The definition of Islamic psychology used in this study is the one proposed by the International Association of Islamic Psychology (2024). It is described as:

A holistic approach that endeavours to better understand the nature of the self and the soul and the connection of the soul to the Divine. It conceptualizes the human being with a focus on the heart as the centre of the person more so than the mind and is grounded in the teachings of the Qur'an, Prophetic teachings, and the knowledge of the soul from the Islamic tradition. Islamic psychology embraces modern psychology, traditional spirituality, metaphysics and ontology (para .1).

This definition encompasses what it means to be a human being from an Islamic worldview. Therefore, this term will be used when referring to the overarching paradigm. Many terms are used to refer to therapies derived from an Islamic psychology paradigm, such as Islamic psychotherapy, Islamically integrated psychotherapy and Islamic counselling. (Al-Karam, 2018; Rothman, 2021; Utz 2011). The term Islamically integrative therapy was chosen for this study because it refers to an approach "That integrates Islamic teachings, principles, philosophies,

and/or interventions with Western therapeutic approaches” (Al-Karam 2018, p.17). As most participants will have trained in Western and Islamic approaches, this term was deemed the best fit.

1.7 Islamic psychology courses

The formalisation of Islamic psychology courses is an area of ongoing development; therefore, there is currently no consensus on how much training one needs to become an Islamic psychologist or counsellor. A variety of courses are available, provided by different organisations. I will mention some courses that are based in the UK; however, many others exist worldwide in North America, Qatar, Pakistan, and Sudan (Haque and Rothman, 2021). Some courses approved by the International Association of Islamic Psychology (2024) are based in the UK. Most of these courses offer a two-tier system, where stage one focuses on providing a theoretical foundation, which is a prerequisite for another course that emphasises clinical practice. This is true for the courses offered by Cambridge Muslim College and Ihsaan. Most courses primarily target qualified practitioners as a form of continuous professional development; therefore, one cannot become an accredited counsellor, psychotherapist, or psychologist in the UK with just these courses alone. The exception is the Islamic counselling course offered by Stephen Maynard & Associates, which can lead to becoming a registered counsellor. In the UK, the titles of counsellor and psychotherapist are not protected titles, but certain benchmarks are set by professional counselling bodies. There is a minimum level of training required for counsellors to practice, which is a level 4 diploma that includes 100 hours of supervised clinical practice (CPCAB, 2025).

There is also an alternative qualification route proposed by Beacon Institute courses. Using the Islamic concept of *ijazah*, which is applied in traditional Islamic sciences to authorise someone to transmit sacred knowledge (Beacon Institute, 2024). As an organisation, they hold the *ijazah*, allowing them to license practitioners to practice. This bypasses the need for Muslim therapists to be accredited by British institutions. Thus, there is not only a difference in the duration and

content of Islamic psychology courses being offered, but also a divergence in the intended outcomes. Some courses work alongside British institutions, while others offer a complete deviation from the UK mainstream and encourage prospective students to operate as independent practitioners.

There is no unifying body to define what constitutes an Islamic counsellor or therapist. Each course provider maintains their own directory of therapists. For instance, Eclectic House provides a 6- month online course that accredits recipients to become Islamic mental health practitioners and practice under their organisation (Eventbrite, 2024). Similarly, the Association of Islamic Mental Health Specialists, which is affiliated with the courses provided by Beacon Institute, offers a membership scheme and directory for those who complete their course (Beacon Institute, 2024). Since these qualifications would not be recognised within UK institutions, practitioners who possess only these qualifications could only practice under that specific brand or in private practice. This also highlights the commercialisation and privatisation of Islamic psychology courses, reflecting the broader field of counselling and psychotherapy in the UK (Atkinson, 2023). The rise in Islamic psychology courses may reflect the specific conditions faced by British Muslims in the UK, such as the increase in Islamophobia and the limited provision of therapy within the National Health Service (Atkinson, 2023; Faith Matters, 2023).

The wide range of discrepancies in the training, education, and clinical practice of Islamic psychology courses contributes to why this study adopts a broader definition of an Islamically integrative approach. Most qualified practitioners are likely to rely on more than just their Islamic psychology course or training, as many courses do not meet the minimum standards required by UK professional bodies to practice. Therefore, Islamic psychology in practice is likely to encompass a broad array of Islamic and Western theories integrated into clinical practice.

Table 1- UK based courses and their main features (Beacon institute, 2024; Eventbrite, 2024; International Association of Islamic Psychology, 2024; Islamic Counselling, 2024).

Organisation or institution	Course/s	Accreditation	Length of course
Beacon institute	Professional Counselling Skills The Islamic Psychology & Counselling Master's level programme	No but can provide guidance of how to become a member of the UK association for solution focused therapy Ambiguity on what makes it a 'master's level' programme as there was no information provided about which university is accrediting the course	An academic year Part time
Cambridge Muslim College	Diploma in Islamic psychology and Advanced Clinical Training Certificate	International Association of Islamic Psychology	An academic year (diploma) Part time 3 weeks for the clinical training
Eclectic House	Islamic counselling and mental health training course	CPD accredited	1-year fortnightly lessons
Ihsaan	Certificate level one and Certificate level two	International Association of Islamic Psychology	Five days intensive for each level
Stephen Maynard & Associates	Level two, three, four (Diploma) and five in Islamic Counselling	Counselling and Psychotherapy Central Awarding Body CPCAB	Can vary from months to years depending on the level

1.8 Approaches to integration within Counselling and Psychotherapy

There is a long tradition of integrating different models of therapy. There are four routes of integration proposed by Norcross and Alexander (2019): First, there is technical eclecticism. This model of integration seeks to help clinicians select the best treatment by examining

research evidence, considering what has worked best for people with similar issues, and determining the best fit for the client. Second, there is theoretical integration, which involves synthesising and integrating two or more therapies. This goes further than technical eclecticism by incorporating both the underlying theories and techniques of therapeutic approaches; an example is cognitive analytical therapy (Ryle & Kerr, 2020).

Third is a common factors approach, which seeks to identify common elements across different therapies, creating a more effective method based on those elements. Rather than focusing on differences, this approach posits that all therapies fundamentally share the same principles of helping clients achieve positive change, even if they use different language to express these principles. Lastly, assimilative integration is grounded in one core model with the selective addition of other models when deemed useful. While there is a longstanding body of literature about integration in the field of counselling and therapy, my use of the term in this study pertains to how Muslim therapists combine or align their understanding of Islamic psychology with Western counselling or therapy models in their practice with young children.

1.9 Definition of a young Muslim child

In this study, a Muslim child is defined as a child who is raised to adhere to the Islamic faith. Young children in this study are defined as those aged 12 years and under; this upper age limit was chosen because, in the UK, the age of 11/12 marks a significant transition for children moving into secondary school. Moreover, research has found that differences exist between young children and older children in terms of how they express psychological distress; behavioural disorders are more common in primary school-aged children, while emotional disorders are more prevalent in secondary school children (NHS, 2018). Therefore, it is likely that therapists would work with these age groups in different ways. An Islamic definition of childhood will be explored in more detail in the literature review.

1.10 Why counselling psychology philosophy is suited to the research topic

Research Question

How do Muslim therapists use Islamically integrated psychotherapy to inform their work with young Muslim children?

A counselling psychology perspective is well suited to investigate this topic area, as it values the subjectivity of the researcher. Counselling psychologists are expected to apply their personal history, training, clinical experience, and research findings when making clinical decisions. For many Muslim psychologists, the personal is professional; their religious identity constitutes a core part of their practice (Betteridge, 2012). Counselling psychology recognises that several researchers choose a research topic based on their personal experiences (Kasket, 2013). This is not regarded as a weakness; instead, an intersubjective lens can be a strength if the researcher acknowledges it by engaging in reflective practice. As a Muslim researcher who has undertaken some training in Islamic psychology, this will influence how I conduct this study and analyse my data. This will be elaborated on in more detail in the reflexivity section.

Secondly, one of the competencies of a counselling psychologist is the ability to work across the lifespan (Health & Care Professions Council, 2023). Counselling psychologists are encouraged to utilise a humanistic value base to help children and their families make sense of their experiences, as well as recognise their strengths and resources (Sinitsky, 2016). Furthermore, counselling psychologists should promote a social justice approach by understanding and advocating for minoritised groups (Health & Care Professions Council, 2023; Tribe & Bell, 2018). Therefore, understanding the needs of Muslim children in this study can offer guidance not only for psychologists but also for other psychologically informed and social care professions on how to work with this group.

Thirdly, counselling psychologists are encouraged to view all therapeutic approaches as potentially beneficial depending on the client's needs and preferences (Hanley et al., 2013). Consequently, practitioners tend to integrate a variety of approaches in their work. This study examines Muslim therapists using an Islamically integrative approach. The way they integrate an Islamic approach is likely to differ among individuals. This study values the diversity of each participant; the goal is not to assert that there is a right or wrong way of integration. This study aims to explore whether there are any common factors reported by participants when using an Islamically integrative approach.

The thesis consists of six chapters: introduction, literature review, methodology, analysis, reflexivity, and discussion. The introduction has provided a background context for the study. The literature review presents existing research in the topic area and critically evaluates the gaps in current research, thereby offering a rationale for this study. The methodology chapter outlines the study's epistemological positioning and explains the research design and how the data will be analysed. It also includes details about the participants' demographics and the method of data collection. The methodology chapter features a section on reflexivity, reflecting on the challenges I encountered during the study. In the analysis chapter, grounded theory is presented along with extracts from the interviews. Lastly, the discussion chapter reflects on the analysis considering existing literature and outlines the clinical implications, theoretical implications, limitations, and recommendations for future research.

2.1 Literature review

This literature review will outline the history of Western psychology and how its relationship with religion has evolved over the last century. It will also discuss how Western therapeutic models have been applied within Muslim populations. In addition, it will present the historical and contemporary field of Islamic psychology and the various therapeutic models that have emerged from this tradition. Lastly, the literature review will focus on defining childhood and what research has revealed about the needs of working with Muslim children in therapy.

2.2 History of Western psychology concerning religion

Western psychology has a complex relationship with religion. The advent of Western psychology during the late 19th century coincided with a decline in the influence of religion in society. Scientific objectivity was viewed as providing answers to humanity's problems more than spirituality (Ellenberger 1970; West, 2000). Society was moving toward secularism, a separation between religion and the state; thus, 'progress' became synonymous with a reduction in religious authority (Brown, 2013).

This led to a gradual shift in how mental distress was treated; individual problems were typically addressed by the local priest within one's community (Ellenberger 1970; West, 2000). However, by the late 19th century in Britain, the government enacted laws such as the 1842 Lunacy Act, granting more power to the medical profession (Unsworth, 1993; West, 2000). This resulted in two trends within psychology regarding the view of religion (Wulff, 1996). Firstly, there is the explanatory trend promoted by some of the most influential theorists in psychology, such as Sigmund Freud and Burrhus Frederic Skinner. This trend is characterised by a negative perspective on religion; religious experiences are not seen as connecting to a higher power but rather as originating from psychological, biological, and environmental factors. Freud viewed religion as a form of wish fulfilment originating from infantile impulses from childhood (Wulff, 1996). The wish for an omniscient parental figure transforms the childhood father figure into a God-like figure that represents the all-powerful father-God who can care for

and protect us. In addition, Freud viewed the obligatory rituals within religion that induce guilt and fear of divine punishment as a form of compulsion. Freud believed that this is similar to obsessive neurosis; therefore, religion was viewed as an illusion, a defence against unacceptable impulses.

For Freud, a psychologically healthy person needed to abandon religion to become a rational, scientific individual, which he believed would be more beneficial to both the individual and society at large. However, Geller (2008) argued that although Freud held negative views of religion, he was very aware of his Jewish identity, which he perceived as a strength. Being from a minoritised group, he was unafraid to produce a theory that significantly differed from the mainstream perspectives of his time. Conversely, there was also a concerted effort to ensure that psychoanalysis was not seen as a 'Jewish science' and was regarded as a reputable field that was objective and universal to all people (Frosh, 2008). Thus, there was a desire to gain respect within mainstream secular Western society while also recognising that his Jewish experience played a role in psychoanalytic theory.

Another influential psychologist who took a negative outlook on religion was Skinner (Miller & Fehrenbacher, 2002; Wulff, 1996). Skinner was a prominent advocate of the behavioural approach and understood religion as stemming from the use of negative reinforcement/punishment (Wulff, 1996). These reinforcements are administered by religious leaders, such as priests, who remind believers of the negative consequences of straying from the religious creed (Skinner, 1965). Therefore, religious behaviour can also be understood as akin to observations from experiments, such as pigeons that continue to engage in non-functional but persistent superstitious behaviour in response to infrequent reinforcement (Strand, 2009). Similarly, human beings persist in performing religious rituals even if the reinforcement is not always present.

Conversely, there is another approach, the descriptive trend. This approach views religion in a much more positive light and examines how religion can benefit individuals, in addition to

focusing on people's unique religious experiences (Wulff, 1996). One of the founding figures of Western psychology, William James, believed that when there is a balance of divine inspiration and intellect, this combination produces a special level of human excellence. He provided the example of various saints who were able to achieve great things and inspire goodness in those around them (Wulff, 1996).

In addition, Carl Jung, the founder of analytical psychology, held views on the spiritual realm that were one of the factors causing the separation between him and Freud (West, 2000). Jung defined religion as a numinous experience in which humans feel drawn to a sense of devotion that seems outside of oneself (Wulff, 1996). He believed that within every human psyche, there is a collective unconscious containing archetypes that reproduce ancient myths and stories in different forms across cultures, while the core meaning remains the same (Palmer, 2003). The goal of this process is individuation, which is a complex, lifelong journey of differentiation and integration that makes an individual whole.

Jung (1936) believed that historically, the function of individuation was promoted and guided through religious traditions, involving specific rites and rituals that induce archetypal expressions stored within the collective unconscious. He asserted that this served to bring about a gradual realisation of the self (Wulff, 1996). Therefore, Jung viewed the loss of religion within Western societies as a cause of various forms of psychoneurosis and psychosis. He argued that for psychologists to assist individuals, they must consider the entire range of human experiences, including the spiritual realm.

During the first half of the 20th century, psychoanalysis and behaviourism were the two dominant approaches; therefore, the explanatory trend was more prominent within the field of psychology. This led to a culture of antagonism towards religion in psychology; religion was seen as oppositional to scientific psychology and as having a negative impact on mental health and well-being (Koenig, 2009). As a result, during the early days of Western psychology, traditional healing practices from religions were separated from the realm of psychology and

psychotherapy. Having reviewed the historical understanding of religion within Western psychology, I will now consider contemporary perspectives on the relationship between religion and mental health.

2.3 Contemporary understandings of the impact of religion on mental health

Within the last few decades, there has been a shift towards a more positive view of religion. There is an acknowledgement that for many people, religion plays a profound role in shaping their sense of meaning, which in turn influences their understanding of suffering and impacts their perceptions of healing or effective treatment. Sandage et al. (2022) highlighted that spiritual well-being and struggles predicted clients' psychosocial functioning more effectively than their mental health symptoms. This illustrates the importance of clinicians exploring their clients' religious and spiritual beliefs. Additionally, many empirical studies have shown that spirituality and religion are positively associated with mental health. Rosmarin and Koenig (2020) reviewed over 344 studies from 2000 to 2010, finding that the majority reported a positive relationship between religious coping and better mental health. Particularly for religious individuals, religious interventions proved to be more effective (Ellison et al., 2014; Koenig et al., 2015). In the Global South, religious coping is more common than in Western Europe, as well as among minoritised groups within the UK (Koenig et al., 2024; Ozeto & Allan, 2021).

There has been an acknowledgement of the positive role religion plays in mental health. One way this occurs is through a preventative approach. Many religions discourage their believers from engaging in certain behaviours such as drug use, alcohol misuse, and aggression (Koenig, 2018; Pargament, 1996). This is reinforced by religious institutions, systems of belief, and practices that mark certain actions to be avoided, which are usually labelled as "taboo," "profane," or "sinful" (Pargament, 1996). This provides social deterrents as well as consequences related to the afterlife. Religions also offer rituals for coping with distressing events, such as seeking forgiveness from God and participating in activities like confession as a means to relieve tension and guilt (Koenig, 2018).

In addition, religious beliefs serve as a way to cope with difficult life circumstances (Pargament et al., 1990). Koenig (2018) argued that generally, the Judeo-Christian-Islamic traditions provide a loving, optimistic perspective of God. This belief that everything has a divine purpose, along with the concept of the afterlife, particularly heaven, gives a sense that there will be a place where suffering and pain will end. This fosters a sense of meaning when facing challenges, which can be considered more positive than a scientific worldview that views life as random and meaningless.

However, religion can also have a negative impact on mental health. Many studies have found that when people go through hardship, some turn away from their faith (Koenig, 2018). Some people feel disappointed in God, which causes feelings of guilt, shame, anxiety, anger, and alienation from God (Koenig, 2018). Reappraisals that paint God as punishing, define life stressors as punishment from God, and suggest that God has not answered their prayers can negatively impact mental health (Koenig et al., 1998; Smith et al., 2000). Overall, religious practice positively impacts mental health by providing meaning for people; however, challenging and difficult life events can either draw people closer to God or further away from Him, depending on their appraisal of the event.

2.4 How Muslims use religious coping

Many Muslims use their religious beliefs to cope with stress. Koenig et al. (2012) found in their systematic review that in Muslim-majority countries, Muslims use religion to cope with distress 80-100% of the time. Similar to other faith traditions, Islam has been found to play a positive role in helping Muslims manage distress. Abu-Raiya and Pargament (2009) found in their systematic review of the literature that Muslims reported using religious coping more frequently than negative religious coping. For Muslims, religious coping includes asking for forgiveness, prayer, reconnecting with religious texts, seeking support from religious leaders, religious purification, and reappraising situations through the understanding that an incident is part of Allah's will, which helps them accept their difficulties (Aflakseir & Coleman, 2008; Ai et al., 2003; Weatherhead & Daiches, 2010). Abu-Raiya & Pargament (2009) highlighted that

Muslims also use negative religious coping, which is associated with negative well-being. This includes cognitive appraisals that view Allah as a punishing God (Abu-Raiya et al., 2008; Aflakseir & Coleman, 2009).

However, there is a lack of sufficient empirical research highlighting the negative impact of religiosity within Muslim populations (Abu-Raiya and Pargament, 2009). This is likely due to the stigma surrounding religious doubt in the Muslim community, as well as Muslims wanting to paint Islam in a positive light due to the impact of Islamophobia. Consequently, Muslims experiencing religious struggles may hesitate to seek mental health support. Weatherhead and Daiches (2010) found that, for Muslims in the UK, certain barriers diminished their confidence in seeking mental health support. These barriers included the stigma associated with seeking help from services, suggesting a failure to resolve issues within the family or indicating an inability to use Islam as a coping mechanism.

The concept of intersectionality is important to consider when understanding how Muslims seek support. Intersectionality is the notion that the interaction between the identities that one holds (race, gender, class, and sexuality, for example) creates unique experiences of marginalisation (Al-Faham et al., 2019). Legal scholar Kimberlé Crenshaw (1989) was the forerunner in highlighting the importance of intersectionality in understanding Black women's experience of oppression and injustice and how that differs from Black men and White women. The different identities that each Muslim holds, such as culture, ethnicity, race, and gender, impact how they understand their Muslim identity. For Muslim women, the fear of being misunderstood by mental health services may be heightened. Muslim women who wear the hijab often symbolise, to Western eyes, orientalist ideas of being oppressed and in need of liberation, thereby heightening the fear of being misunderstood by services (Mohr & Afi, 2023; Zine, 2006). Elhelw (2024) highlighted the challenges of intersectionality in meeting the needs of Australian Muslim women who had experienced domestic violence; many of these women felt a deficit within mainstream women's organisations and their faith-based community. For example, within mainstream women's organisations, their faith was ostracised as oppressive,

and within some of their faith communities, they felt alienated due to seeking a divorce. It was difficult for them to find organisations that catered to their specific faith- centred womanhood.

In addition, race and ethnicity intersect with Muslim identity. Rehman (2021) found that Pakistani Muslim students felt that the intersection of being Pakistani and Muslim made them feel more targeted by Islamophobic remarks because they felt that their 'brownness' was synonymous with how Muslims are represented in the media. A survey by the Muslim Census, which asked Muslims about anti- blackness, found that 82% of people have witnessed anti-black racism from their own family and friends (Muslim Census, 2020). This research indicates that there is racism within the Muslim community towards people of darker skin tones. These studies highlight that experiences of Muslimness cannot be viewed in isolation. Maynard (2023) stated that each individual's Muslimness is fluid; Muslims are constantly in the process of determining their relationship to Islam based on their location, culture, Islamic knowledge, feelings, and experiences. Therefore, Muslims seeking therapy are likely to want to explore their faith in light of their unique experiences of the world.

Overall, there has been a positive change within the Western world in terms of how religion and mental health are understood. Religion and spirituality are now understood to help people by providing meaning to their lives. Muslims use Islamic practices to cope with mental distress. However, simply focusing on spirituality as understood from a Western lens is likely to not be sufficient to address Muslims specific understanding of spirituality (Choudhry, 2016).

2.5 Critical note on the concept of spirituality

Historically, religion and spirituality were seen as indistinguishable from each other. However, with the rise of secularism, disillusionment with religion, and a decline in religious practice within the Western world, religion and spirituality came to be viewed as two separate concepts (Zinnbauer et al., 2015). Religion is understood to consist of specific beliefs about the hereafter, which provide a guide to believers on how to live their lives and usually involve a religious

institution that helps believers adopt these practices within a community (Koenig, 2009). Religions are often perceived as strict, rigid, and dogmatic, whereas spirituality is regarded as more personal, self-defined by each individual and not necessarily linked to any religious affiliation. It is usually associated with finding meaning through acceptance, hope, and transcendence (Zinnbauer et al., 2015).

The distinction between religion and spirituality is illustrated by the rise of mindfulness in medical and psychotherapeutic interventions. There has been widespread adoption of mindfulness approaches for depression, stress, and anxiety in the Western world. Mindfulness is described as “Moment-to-moment, non-judgmental awareness, cultivated by paying attention in a specific way, that is, in the present moment, and as non-reactively, as non-judgmentally, and as openheartedly as possible” (Kabat-Zinn, 2015, p.1481). There is an acknowledgement of the Buddhist roots of mindfulness, but the practice of meditation is understood to be universal and does not require adherence to a particular religion (Ludwig & Kabat-Zinn, 2008).

However, this understanding of spirituality does not align with an Islamic worldview, as it is associated with a Western perspective on self-development and individualism that are divorced from the belief in God (Scourfield et al., 2013). There is no distinction between religion and spirituality in Islam; Islam is understood as a way of life that provides a spiritual path for growth (Rassool, 2015). Therefore, religion is more than just a set of rules; it is about one’s connection with God, while also understanding that to be a Muslim means one chooses to follow the straight path that Allah has set out. Kemp (1996) found that for Muslims, spiritual concepts such as hope, forgiveness and acceptance must be connected to a system of belief, otherwise they lose meaning. Therefore, Muslims will likely need adaptations to Western therapies that encompass their specific religious needs. The next section will describe how different psychotherapeutic models are adapted to suit the needs of Muslim clients.

2.6 The adaptation of Cognitive Behavioural Therapy

What is now known as cognitive behavioural therapy (CBT) is a conglomeration of many different approaches within the cognitive and behavioural tradition. Aaron Beck's cognitive therapy and Albert Ellis's rational emotive behaviour therapy both contributed significantly to the foundations of contemporary CBT (Matweychuk et al., 2019; Thoma et al., 2015). The cognitive model is based on the premise that it is not the specific difficult situation that causes distress; rather, it is one's perceptions and interpretation of the event that causes distress (Fenn & Byrne, 2013). CBT has also been influenced by the behaviourism school of psychology, which looks at how to promote behavioural change (Thoma et al., 2015). Therefore, CBT aims to help clients notice their negative cognitions and respond to them more helpfully and rationally (Thoma et al., 2015).

Hodge and Nadir (2008) stated that to develop culturally appropriate cognitive interventions, practitioners must engage in a three-step process. Firstly, they must have a good understanding of key concepts. Secondly, they must evaluate these concepts and ensure they align with Islamic values. Thirdly, if the concepts align with Islamic values, the therapy should be rephrased in a manner that reflects Islamic norms.

Badri (2014) created an Islamic adaptation of Joseph Wolpe's systematic desensitisation therapy for a Muslim client suffering from social anxiety, depression, and phobia following sexual abuse. He achieved this by helping the client reframe her cognitions using Qur'anic verses and hadith that discuss Allah's forgiveness, mercy, justice, and the importance of women's rights in Islam. Hamdan (2008) applied Islamic cognitive restructuring with a client whose core beliefs were that Allah was a punishing God, whose punishment outweighed his merciful attributes, as she could not understand why she was enduring her hardships. Through cognitive restructuring, the therapist assisted the client in reframing her cognitions by helping her understand why Allah gives us different tests and that He knows more than we do, utilising the concept of *qadr*. Additionally, he provided corrective Islamic psychoeducation by replacing negative cognitions with constructive ones.

Within the UK, researchers at the University of Leeds developed a therapy based on behavioural activation principles for Muslim clients with depression (Mir et al., 2019). This involves training therapists working in the NHS (National Health Service) IAPT (Improving Access to Psychological Therapies), now NHS talking therapies, on how religious coping can assist clients by demonstrating Islamic teachings that encourage a proactive and positive response to difficulties. They found promising results, as 66% of participants who completed the 6-week programme reported recovery from depression, as measured by the Patient Health Questionnaire (PHQ-9) and Generalised Anxiety Disorder measure (GAD-7) questionnaires, compared to the national IAPT data, which found recovery rates ranging from 0 to 17%. This indicates a high level of effectiveness in using CBT approaches for Muslim populations.

Qualitative research on Muslims' experiences with CBT is scarce. However, there is research examining the experiences of South Asians in therapy and CBT. Since 66% of the Muslim population in Britain is from South Asian backgrounds, this can help shed light on the experiences of Muslims in the UK (Muslim Council of Britain, 2021). Research has found that the directive, structured nature of CBT and the role of the therapist in leading the sessions seemed to suit the needs of South Asian clients, who may prefer their therapists to provide concrete advice, especially men, who may disengage from therapy if it's too unstructured and they do not feel that they have received any guidance (Dwairy, 2006; Tarabi et al., 2018). However, research highlighting the experiences of women has yielded different results. Jheeta (2023) found that among UK-born South Asian women, therapy was perceived as a space where they could explore their South Asian and Western identities and choose which aspects of these cultures they wanted to identify with, rather than simply a place for clear advice. Yasmin-Qureshi and Ledwith (2021) found that South Asian women who had undergone CBT criticised it for being too manualised and rigid, which limited their ability to integrate their cultural and religious identities, even when their therapist shared a similar ethnic background. CBT may be challenging to adapt for Muslim populations because it can appear overly individualistic by placing all power in the individual's will (Hodge & Nadir, 2008). This contrasts with an Islamic worldview that emphasises the importance of community and the reliance of human beings on God. However, some individuals may hesitate to see a Muslim therapist due to concerns about

being judged or feeling restricted from discussing certain taboo topics such as alcohol, pre-marital sex, and other actions considered sinful in the religion (Tarabi et al., 2018). This highlights that factors such as gender, levels of acculturation, and religiosity influence whether CBT could be a suitable approach for Muslim populations. I will now provide an overview of the psychoanalytical approaches.

2.7 Psychoanalytic and psychodynamic approaches

Psychoanalysis was the first formalised system of psychotherapy in the Western world; therefore, it has had a strong influence on the field of psychotherapy and counselling. Psychoanalysis was founded by Freud in the late 19th and early 20th centuries (Safran & Gardner-Schuster, 2016). Freud proposed a drive theory that views human beings' primary motivation as maintaining psychic energy; once this psychic energy has been activated, it needs to be discharged. Freud particularly emphasised sexual drives and their role in child development (Bornstein, 2012).

Freud also proposed a theory of personality composed of three parts (Safran & Gardner-Schuster, 2016). Firstly, the id, which contains the instinctual drives (sexual, aggressive, and death) present from birth, and the superego, which is the moral compass that develops from the internalisation of societal values. The third part is the ego, which tries to balance the needs of both the id and the superego (Safran & Gardner-Schuster, 2016). In addition, Freud introduced the Topographic model of the mind, which is divided into three regions: the conscious, preconscious, and unconscious (Safran & Gardner-Schuster, 2016). The conscious part of the mind deals with information that we need in the present moment, the preconscious contains information that could easily become available to the conscious mind if needed. Lastly, the unconscious is linked to impulses from the id and wishes that we repress because they are anxiety-inducing. This part of the mind is understood to be the most influential on human behaviour.

Working within a psychoanalytic approach with Muslims has divided opinions. Some argue that there are many similarities between the Quranic model of personality and the Freudian model.

Both models are structural and topographic, acknowledging that there are conscious and unconscious aspects of personality (Abu-Raiya, 2012; El Shakry, 2017). Additionally, both models are dynamic and emphasise the conflicting forces between different parts of the mind, with this conflict potentially causing spiritual and psychological distress (Abu-Raiya, 2012). In the Quranic model, this is represented by the conflict between the lower and higher levels of the nafs, whereas the Freudian model examines the conflict between the id and superego.

However, compared to other approaches, traditional psychoanalysis is often viewed as controversial and incompatible with Islam. One reason is Freud's anti-religious stance, wherein he states that religion is a delusion arising from the human need to be motivated to do good for fear of being rewarded in the afterlife (Abu-Raiya, 2012; Betteridge, 2012). An example of Freud's anti-religious stance can be highlighted in the quote below:

The doctrine of reward in the after-life for the voluntary or enforced- renunciation of earthly pleasures is nothing other than mythical projection of this revolution in the mind. Following consistently along these lines, 'religions' have been able to effect absolute renunciation of pleasure in this life by means of the promise of compensation in a future existence; but they have not by this means achieved a conquest of the pleasure principle. (Freud, 1911, p. 514).

Freud viewed all human behaviours as arising from drives that are self-gratifying and egocentric in nature. Therefore, this was the only plausible explanation for the renunciation of worldly pleasures, which religion often promotes. This contrasts with an Islamic worldview that sees humans as born on the fitrah, and thus inclined towards goodness (Badri, 1996).

Secondly, classical psychoanalysis emphasises infantile and childhood sexuality, which contrasts with an Islamic worldview that acknowledges humans are born with drives but does not perceive them as sexual in nature (Betteridge, 2012). Prominent Islamic psychologist Malik Badri advocated against Muslim psychologists using psychoanalysis due to theories such as the Oedipus complex, which he viewed as antithetical to Islamic teachings (Badri, 2016). Thirdly,

some Muslim practitioners state that the emphasis on intrapsychic conflicts, which focuses on internal dynamics, may not interest Muslim clients who tend to look towards community and collectivist goals (Amer & Jalal 2011; Dwairy, 2006; Hodge & Nadir, 2008).

However, El-Shakry, in the book *The Arabic Freud*, writes extensively about Muslim thinkers in the Islamic world who see many commonalities between psychoanalysis and Islam, particularly Sufism, the mystical and spiritual part of Islam (El Shakry, 2017). Taking an alternative view of Freud's position on religion confirms an Islamic worldview that the sublimation of one's desires is the only way to draw closer to God.

In addition, other schools of psychoanalysis, such as Jungian analytical psychology, acknowledge spirituality and the important role it plays in helping to guide and balance the self (Skinner, 2018). There is also a growing group of psychoanalytical clinicians who are committed to decolonial approaches, using psychoanalysis as a tool to work with marginalised groups such as the Palestinians (Fanon, 2001; Sheehi & Sheehi, 2021). These practitioners locate oppression not in intrapsychic factors but as an external reality, using therapy as a way to provide space to express their oppression and as an arena for the elaboration of methods of resistance.

Later adaptations of psychoanalysis, including psychodynamic approaches, tend to be less focused on psychosexual development drive theory and may be more suitable for Muslim clients. Betteridge (2012) stated that working with clients to uncover their defences and understand early childhood experiences could be helpful for Muslim clients, but they must ensure that interpretations do not contradict Islamic beliefs. However, what is understood as Islamic depends on an individual's comprehension of Islam and their acculturation to the dominant culture. Tummala-Narra (2013) described case studies of working with South Asian women in the USA using a psychodynamic approach. Women often employed defence mechanisms to navigate their multifaceted identities, which frequently left them feeling a lack of acceptance in either culture due to family expectations and the racism they experience within the broader society. This created tension between parts of themselves that identified with Asian cultural norms, which tended to lean more towards collectivist values and encouraged interdependence, and other parts of themselves that identified more with Western

norms, which promoted greater independence. The therapist used her experiences as a South Asian woman to help her clients explore new ways of negotiating their identities, fostering greater integration between the different parts of themselves. I will now provide an overview of the person-centred approaches.

2.8 Person-centred approaches

Person-centred therapy is a component of humanistic psychology. Bugental (1964) stated that humanistic psychology is underpinned by five key foundations: Human beings as a whole are more than a sum of their parts, viewing human beings within their context, humans possess a sense of awareness, have choices, and are intentional in their actions. Carl Rogers founded person-centred therapy, also known as Rogerian therapy or client-centred therapy (Rogers, 1951). Rogers (2007) believed that humans have an actualising tendency that motivates them towards growth and development. The aim of the therapeutic relationship is to create a facilitative environment that includes the necessary and sufficient conditions for the client to connect with their actualising tendency (Rogers 2007).

There is a limited amount of empirical research on studies evaluating how a person-centred approach is used with Muslim clients. Carter & Rashidi (2004) stated that Rogerian therapy is compatible with Muslim women. A Rogerian approach invites the therapist to follow the lead of their Muslim client by allowing the client to take ownership of what they want to share, while the therapist focuses on creating a facilitating environment through empathy, congruence, and unconditional positive regard.

However, others have highlighted that a concept such as self-actualisation, which emphasises developing an internal locus of control, contrasts with an Islamic worldview in which there are specific restraints and standards that Muslims are obligated to follow, even if it goes against their desires (Badri, 1996; Cardo, 2014). Islam emphasises that believers should develop reliance on Allah, which is seen as the route to positive mental health (Cardo, 2014).

Al-Thani & Moore (2012) developed a non-directive Islamic counselling approach in Qatar where she combined her knowledge of the person-centred approach with Islamic values. This was defined as follows:

Islamic nondirective counseling may be regarded as a combination of teaching and reiteration of shared Islamic understanding within the context of an acceptant and empathic person-centered relationship. In this relationship trust is placed not only in Allah (SWT) and in the counselor, but also in the client's intrinsic ability to self-reflect and take greater responsibility for their lives and choices (p. 196)

Thani (2010) stated that a person-centred approach can work with Muslim clients as long as terms like self-actualisation and self-awareness are clarified and adapted to an Islamic framework. Al-Thani & Moore (2012) emphasised that the core aspect of their work is ensuring that it aligns with the principles of Islamic law and values. Therefore, she would ensure not to encourage practices or thoughts that contradict Islamic values. After providing an overview of the main schools of psychotherapy/counselling, I will now highlight the challenges of adapting Western models of therapy to Muslim populations.

2.9 Challenges

The summary above highlights that there have been many attempts to adapt Western psychological approaches to the needs of Muslim clients.

Some of the approaches described above can be understood as examples of assimilative integration, where there is one core approach, i.e., CBT, while at the same time, the therapist incorporates Islamic values into the therapy. Assimilative integration, on the one hand, is advantageous as it allows the therapist to adapt to the client's preferences (Norcross &

Alexander, 2019). However, this approach has been criticised for still operating within a Western paradigm; therefore, it cannot fully consider an Islamic worldview (Rothman, 2019).

Kaplick & Skinner (2017) described the various levels of integration within the Islam and psychology movement. One is the Islamic filter approach, where Muslim psychologists seek to identify universals between Western psychology and an Islamic perspective. This involves filtering out any aspects of Western psychological models that do not align with an Islamic worldview. Secondly, there is the comparison approach, in which practitioners look for equivalent concepts from Western psychology and Islamic sources. Most of the literature discussed can be viewed as operating within either of these approaches. Kaplick & Skinner (2017) criticised these approaches for diluting Islamic concepts and overlooking the fundamentally different understandings of human behaviour. Therefore, they contended that to effectively serve Muslim clients, it is essential to develop an indigenous Islamic psychology grounded in Islamic sources. I will now provide an overview of the history of Islamic psychology.

2.10 History of Islamic Psychology

The term Islamic psychology is a contemporary concept; however, the relationship between Islam and what we now call psychology goes as far back as Islam itself. This is because Islam is understood as a way of life for humankind, encompassing all aspects of human life, including relationships, family, marriage, and the nature of human beings (Rassool, 2021). Human beings are viewed as both physical and spiritual entities. The Quran guides them on how to purify their souls and connect with their Creator. Muslim scholars, dating back to the 9th century, wrote about *ilm an nafs* (the study of the soul), influenced by their understanding of the Quran and sunnah (Haque & Rothman, 2021). There was no need to refer to a uniquely Islamic psychology, as it was taken for granted that such perspectives would naturally arise from an Islamic worldview (Haque & Rothman, 2021).

A few key historical figures in Islamic psychology will be named, including Al-Ghazali, Al-Razi, and Al-Balkhi. Abu Hamid Muhammad Al-Ghazali was an 11th-century scholar who wrote

extensively on philosophy, theology, Islamic law, and mysticism (Haque, 2004). The concept of the self was described by Al-Ghazali using the following terms: the qalb (heart), ruh (soul), nafs (desire-nature or behavioural inclination), and aql (intellect). He derived this from Quranic sources, through which he categorised the nafs into three stages as identified in the Qur'ān (Haque, 2004). The first is nafs ammarah, which describes a state where one completely submits to their desires and tends to do evil deeds. The second is nafs lawwamah, defining someone who has developed self-consciousness and is aware of what is right and wrong. Lastly, nafs muṭmainnah is the self that has achieved peace, representing the state closest to God.

He believed that closeness to God reflects normality, whereas distance from God indicates abnormality. A balanced soul is one that has control over its appetites and desires, thereby allowing intellect and its qalb to be the dominant force (Haque, 2004). This does not mean that human beings should completely forgo their animal instincts, as these instincts are important for our survival, provided they are kept under control. Al-Ghazali believed that there are two types of diseases: physical and spiritual (Haque, 2004). Spiritual diseases are described as self-centeredness, arrogance, miserliness, cowardice, greed, envy, and lust. He encouraged people to engage in tazkiyat al-nafs (purification of the soul) to cure these ailments (Awaad et al. 2020). He outlined six steps for self-purification as follows:

mushāraṭah (making a contract with oneself to meet set goals), murāqabah (self-monitoring), muḥāsabah (self-examination; holding oneself accountable), mujāhadah (self-penalization; implementing consequences for breaking the self-contract), mu'āqabah (self-struggle; working diligently to overcome sinful inclinations), and mu'ātabah (self-admonition; regretting breaking and re-committing to upholding the contract) (Awaad et al., 2020, p. 85)

In addition, Ghazali used various interventions, such as the employment of opposites, i.e., curing ignorance through learning and curing hatred through love. He also advocated for utilising cognitive tools to address unhelpful thoughts, including negative reinforcement and modelling (Awaad et al. 2020; Farooqi, 2006).

Al-Razi was another significant contributor to Islamic psychology. He was a mathematician, philosopher, and physician born in Iran (Rassool, 2022). In his book *Kitāb al-Ḥāwī fī al-Ṭibb* (The Comprehensive Book of Medicine), Al-Razi defined and described many mental illnesses, their symptoms, and their cures (Husayn & al-'Uqbi, 1977; Tibi, 2006). He was profoundly influenced by humoral theory. Al-Razi understood the symptoms of melancholia to arise from the location of excess black bile in the body (Mitha, 2020). For example, if it were in the brain, it would lead to mental confusion and delirium, but if it were present throughout the body, the person would be lean and have a flushed complexion. He described melancholia as a state that emerges when one has an attachment to worldly things that have been lost, causing an imbalance between the body and soul. He was able to differentiate between melancholia and madness (what we might refer to as psychosis), as the former does not include the loss of mental capacity in reason, whereas the latter does (Mitha, 2020).

He also promoted the importance of the relationship between clinician and patient in the healing process (Haque, 2004). He encouraged clinicians to be soft-spoken, kind, hopeful, and positive in their conversations with patients (Ansari & Iqbal, 2023). He stated that even when they have doubts, they must make the patient believe they will recover, as the state of the mind and body is linked (Awaad et al., 2020).

Al-Razi worked as the director of a hospital in Baghdad, where he is credited with introducing the idea of separate psychiatric wards for patients with mental illnesses (Ali, 2022). He believed that mental illness should be treated as a medical condition rather than as a symptom of evil spirits (Ali, 2022). He used various therapeutic interventions, including medication, diet, herbal medicine, aromatherapy, and music therapy.

Lastly, Al-Balkhi was a Muslim scholar who specialised in theoretical medicine from Khorasan and lived in the late 9th century (Awaad & Ali, 2016). Al-Balkhi's most significant work on psychology is likely his book *Maṣāliḥal- Abdān wa al- Anfus* (Sustenance of the Body and Soul). He is cited as likely the first person in history to categorise and distinguish the difference between psychosis and neurosis. In addition, he is one of the first people to describe and classify what is now known as obsessive-compulsive disorder (OCD) and phobias (Awaad et al. 2020).

Al-Balkhi describes phobias as *al-Fazaa*, which is an excessive fear of a specific situation or object that arises from seeing, hearing, or thinking about it. He stated that one's proximity to the feared situation or object, or the anticipation that the feared situation could occur, can induce fear of injury or pain. Awaad and Ali (2015) analysed al-Balkhi's description of phobias against the modern DSM-5 criteria. They found that most of the contemporary diagnostic criteria for specific phobias align with the description of *al-Fazaa*. Al-Balkhi noted that phobias can cause physical symptoms, such as trembling in the hands and feet. This recognition of how a psychological disorder like a phobia can have physical manifestations was not acknowledged in Western medical textbooks until the 19th century.

In addition, Al-Balkhi also categorised what is now known as depression, or *al-huzn*, into three types: everyday sadness, sadness triggered by internal factors but caused by trauma, and sadness from external factors such as diet, neglect, and environmental influences. These categories have been compared to modern classifications of depression, where it can be viewed as part of a normal stress reaction due to biological elements, yet only manifests with external triggers, primarily caused by external factors (Mitha, 2020).

Al-Balkhi proposed an intervention for phobias called *riyāḍat al-nafs* (psyche-training), in which an individual gradually exposes themselves to the feared stimulus to eventually reduce the fear response (Ansari & Iqbal, 2023; Awaad et al., 2020). This includes inducing pleasurable feelings to alleviate anxiety, mirroring what is now referred to as exposure therapy in modern

psychology. He also suggested interventions targeting cognition; just as people keep a first aid kit for injuries, Al-Balkhi encouraged individuals to maintain helpful thoughts for use during challenging times (Awaad et al. 2020; Haque, 2004; Mitha, 2020). Having outlined some of the key figures in Islamic psychology, I will now discuss the modern revival of Islamic psychology.

2.11 Contemporary Islamic psychology

The contemporary re-emergence of Islamic psychology was part of a larger Islamisation of knowledge that began in the 1970s (Rassool, 2021). Concerns arose that, due to the impact of colonisation on the Muslim world, there was a secularisation of the educational system in Muslim majority countries. The movement aimed to eliminate the dichotomy between modern and traditional education systems by integrating revelatory knowledge with the human sciences (Al-Faruqi, 1982; Rajab, 1999; Rassool, 2021).

The father of modern Islamic psychology, Professor Malik Badri, delivered his inaugural lecture titled “Muslim Psychologists in the Lizard’s Hole” at the annual conference of the Association of Islamic Social Scientists in Indianapolis in 1975. The metaphor of the lizard refers to a hadith that uses an analogy of Muslims blindly following non-Muslims, even if they were entering a lizard hole (Badri, 1979; Haque & Rothman, 2021). Professor Badri employed this metaphor to illustrate that Muslim psychologists were uncritically absorbing Western psychological theories that were not culturally appropriate and were devoid of spirituality (Badri, 1979).

He identified three phases that Muslim psychologists may experience in their journey of being in and out of the lizard hole (Badri, 1979). The first phase is infatuation, which is characterised by uncritical acceptance of all psychological models, even if they go against Islamic beliefs. Secondly, there is reconciliation, which occurs when Muslim psychologists deny any conflict between problematic psychological concepts and Islam, attempting to find a false equivalence in Islamic literature. The third and final phase is emancipation, in which Muslim psychologists realise that there may be some superficial similarities, but ultimately, Islam and modern

psychology stem from two different paradigms. This phase is characterised by embracing an Islamic worldview of psychology.

Over the last 50 years, many Muslim therapists have attempted to get themselves out of the lizard hole. This text will mention three movements that have significantly influenced the formation of Islamic psychology courses in the UK. However, there are also other prominent models of Islamic psychology, such as the traditional Islamically integrated psychotherapy that conducts courses in the USA, Canada, and Turkey (Khalil Center, 2024).

2.12 Skinner's Islamic psychology Model

One model of Islamic psychology that is relevant in the UK context is the one proposed by Dr. Rashid Skinner. Skinner was influenced by Prof. Badri's book, *Dilemma of a Muslim psychologist*, resonating with the same dilemma from his own clinical experience, that Western psychological theories could not fully capture the spiritual dimensions of human beings. Skinner (2018) stated that Western psychological knowledge should not be dismissed entirely; however, Muslim therapists need a solid Islamic foundation to understand what they can draw upon. His approach to Islamic psychology is derived directly from Quranic concepts that describe the nature of human beings and the ideas of classical Muslim scholars, such as Al-Ghazali. Dr. Skinner's model emerged from a decade-long discussion of Badri's approach among Skinner and Hakim Salim Khan, Aliah Haeri, Mukhtar Holland, Timothy Winter, Abdullah Maynard, Shabnum Dharamsi, and others, all based in the UK (Kaplick & Skinner, 2017). These key figures came from diverse backgrounds, including Islamic scholars with a special interest in Sufism, unani tibb practitioners (Islamic medicine), and other Muslim psychological practitioners (Skinner, 2021). The model aims to assist clinicians in diagnosing and treating patients holistically. In addition, Skinner (2019b) states that:

The goal in Islamic therapy is to bring the client back to a state in which they are connected to their qalb (heart), in which state the client can access their own internal guidance. Or, at

least, the therapist should aim to remove obstacles to achieving that state, and avoiding putting obstacles in the way (p.4)

In his model, Skinner (2019a) refers mainly to three aspects of the self, derived from the Quran. However, the author states that due to the diversity in the meanings of these terms, it is important to combine the Qur'anic understanding with clinical experience in order to translate them into clinical practice.

Firstly, there is the *qalb*, which can be described as the inner heart. The *qalb* is understood to contain an inherent sense of *fitrah*, a natural understanding of what is right and wrong. It is the place where the consciousness of God resides and is open to divine inspiration through its connection to the *ruh* (Skinner, 2019a, 2019b). The *aql* can be understood as the seat of reasoning and intellect. This space facilitates cognitive functioning and logical reasoning. Additionally, it contains another layer that connects it to the *qalb*, allowing it to receive knowledge from the *qalb*. This connection enables the *aql* to influence the operations of other aspects of the self, thereby keeping it aligned with the *fitrah*.

The *nafs* is defined as a life force, likened to instinctive drives (Skinner, 2019a). It is composed of three levels: *nafs Ammarah*, *nafs Lawwammah*, and *nafs Mutmainah*. *nafs Ammarah* (the Compelling Self) refers to the state of the Self when it is dominated by the animal drives originating from the body (Skinner, 2019b). *Nafs Lawwamah* (the Remorseful Self) is the bridging state in which the self becomes aware of its separation from *fiṭrah* and its closeness to the divine. Within this state, there is self-awareness of one's wrongful actions and a capacity for remorse. Lastly, *nafs Muṭmainah* (the Well Pleasing, Contented Self) represents the state closest to the inner heart, characterised by a total surrender to God.

Islamically, the ideal state for a person is to have consciousness centred in the *qalb*, which is open to divine inspiration through the *ruh*. This opens the way for the *aql* to guide the lower *nafs*, thereby weakening the influence of the *nafs Ammarah* and the negative tendencies of the

Lawwammah. Consequently, this allows the person to enter a state where they can experience a positive spiritual transformation into the *Nafs Mutmainah*, even if just for a short while (Skinner, 2019a).

Interventions take a holistic approach by focusing on restoring balance in the areas that are imbalanced. This means a variety of methods, including herbal medicine, dietary interventions, cognitive and behavioural strategies, as well as incorporating spiritual acts of worship to open the heart and extend its control over the imbalances in the *aql* and *nafs* (Skinner, 2019b). It is the model adopted by Ihsaan, which is an Islamic Psychological Therapy clinic based in Bradford. Ihsaan offers a five-day intensive level one and level two course that enables practitioners to become accredited by the International Association of Islamic Psychology (Ihsaan, 2024).

2.13 Stephen Maynard and associates' model

Secondly, there is the approach proposed by Stephen Maynard and associates. They created the only accredited Islamic psychology course in the UK that can lead to registration as a counsellor. They provide level two to level five training that is accredited by the Counselling and Psychotherapy Central Award Body (CPCAB), which can lead to registration with BACP (Maynard, 2008).

This model has been influenced by similar scholars to Skinner's model, such as Haeri and Haeri's model (Dharamsi & Maynard, 2011). It combines aspects of *tasawwuf*, which they define as "an arc of spiritual ascent during one's lifetime that human beings can partake of in the fullness of existence" (Allawi, 2009, p.261), and *tarbiyah*, described as the process of development of spiritual growth. Maynard (2008) describes their model of Islamic counselling as a process of helping people to be contented. Every human being has a spiritual part of themselves; therefore, whatever issue a client presents, there is a spiritual essence to that problem. The *Ruh* (soul) is understood to be a perfect manifestation of God, reflected through the names and

attributes of God. However, the self, which reflects more human qualities, wants to achieve this perfection but can never fully achieve it in this world (Dharamsi & Maynard, 2011).

Another central concept of this model is the oneness and unity of God. This means that Islamic counsellors, through engaging in *tarbiyah*, are in a process of constantly returning to “the one root of all consciousness” (Dharamsi & Maynard, 2011, p.156). The therapist achieves this through continuous self-reflection, accepting that all healing comes from God rather than themselves and examining their intentions. The Islamic counsellor, by being able to maintain the tension between the soul and the self, is then capable of mirroring this to the client. This enables the counsellor to reflect the divine aspects of the soul and create a balance between the self and the soul (Maynard, 2008).

This model acknowledges similar aspects of the self as Skinner (2019a), such as the *nafs* and the *ruh*; however, it focuses more on the therapist's inner state, with the therapist being the primary tool.

2.14 Rothman’s Islamic psychology model

The third model of Islamic psychology is the one proposed by Abdullah Rothman. Rothman & Coyle (2018) argued that contemporary models of Islamic psychology have used concepts from the Islamic literature; however, they have been based solely on the understanding of a couple of individuals, primarily from a psychology professional background. Rothman & Coyle (2018) argue that there is a need to create a comprehensive theory of Islamic psychology from an Islamic epistemological paradigm. Rothman (2019) accomplished this by undertaking qualitative research and interviewing Muslim scholars with a background in the Islamic tradition to capture the range of interpretations within Islam. Additionally, he also interviewed Muslim clinicians who use an Islamic approach in their work.

Like other models, the proposed model of Islamic psychology is understood as a process of purifying the soul and cleansing the heart to uncover the *fitrah* and draw closer to Allah. This

process is called jihad an nafs (struggle of the soul); human beings constantly struggle against their *nafs* in their journey towards God. Rothman (2021) also mentions the three stages of the *nafs* that Skinner (2019a) outlined.

However, Rothman (2021) specifies that most therapists work at the levels of *nafs al ammarah* and *lawwamah*, with the goal of helping the client progress towards *mutamainnah*. Once they get closer to that level, it is more appropriate for the client to be referred to a shaykh (religious teacher) to assist them further along their journey of spiritual development. Therefore, he distinguishes between the role of an Islamic therapist and that of a religious shaykh. Additionally, emphasis is placed on the need for character refinement at the level of *nafs lawwamah* to proceed to a higher level. This is accomplished by redirecting bad characteristics and adopting virtuous ones.

Rothman's (2021) diagrammatic model contains three levels where the different parts of the self (*ruh, qalb, aql*) are linked with the various levels of the *nafs*. At the lower levels of the *nafs*, negative characteristics of the self are strongly influenced by Shaytan. In contrast, at the higher level, this is connected to Tahdhib al Akhlaq (reformation of character), which aligns with the *ruh*. This involves the Islamic therapist assisting the client in adopting praiseworthy characteristics that embody the spiritual nature within us. At the time of writing this thesis, Dr. Abdullah Rothman serves as the current programme lead for the Islamic psychology diploma at Cambridge Muslim College, which is accredited by the International Association of Islamic Psychology (Cambridge Muslim College, 2024). Having provided a brief overview of different models of Islamic psychology, I will now present a critical evaluation of the adaptation of Islamic models of therapy.

2.15 Critical evaluation of Islamic models of therapy

There has been a rise in the development of contemporary Islamic therapeutic models, which are based on understandings of the Quran, Sunnah, and insights from Islamic teachers and literature. This emergence of Islamic therapeutic models, alongside the historical neglect of

religion in Western psychology and the powerful criticism of Professor Malik Badri (1979), has sparked debate among Muslim therapists regarding the compatibility of an Islamic psychological approach with Western therapies.

On one hand, research has shown that, in practice, Muslim therapists working in the UK are integrating both Islamic and Western therapies. Betteridge (2012) found that Muslim therapists in the UK used a variety of approaches, including Jungian, person-centred, and CBT, which were then integrated into the clients' religious beliefs and practices while also utilising faith-based interventions. Choudhry (2016) found that Muslim therapists working with Muslim clients could apply person-centred concepts such as congruence and empathy alongside interventions that were religiously specific, such as prayers and religiously based thought-challenging techniques. The study concluded that when working with Muslim clients in the UK, it is important to utilise both Western and Islamic-based interventions. Similarly, Alli (2019) discovered that even when clients presented with issues stemming from an Islamic worldview, such as attributing mental distress to Jinn influences, Muslim therapists could employ both psychodynamic and Islamic concepts to help the client understand their distress.

On the other hand, some argue that Muslim psychologists should focus on enhancing their Islamic psychological knowledge to primarily work from an Islamic psychotherapeutic paradigm. Given the fundamental differences in understanding human nature between Islam and Western thought, ideology, and worldview, one cannot simply make Western therapies 'Islamic' (Hasan & Alias, 2023; Kaplick & Skinner, 2017; Rothman, 2019). Integrating Western therapies is seen as inadequate for effectively working with Muslim clients. Some suggest that to create a truly Islamic model, Muslim psychologists need to collaborate with Muslim theologians to develop a model that incorporates both therapeutic knowledge and insights from Islamic sciences (Haque et al., 2016; Rothman, 2019). Meanwhile, others contend that it should primarily be the responsibility of imams and scholars to provide psychological support, as they possess the most profound understanding of the Islamic tradition, and that the emergence of Muslim mental

health professionals has at times sidelined the role of Muslim religious leaders (Hasan & Alias 2023).

Overall, there has been a scarcity of empirical evidence regarding the effectiveness of Islamic therapeutic models (Choudhry, 2016). Of the three mentioned models of Islamic psychology, the only empirical evidence found was a study highlighting the effectiveness of the Stephen Maynard Islamic counselling model, which stated that it had resulted in long-term benefits through a 43% reduction in the use of NHS services over three years (Maynard, 2023). Additionally, a recent paper highlighted a 79% improvement on the GAD-7 and an 83% improvement on the PHQ-9 scores for 51 clients who received Islamic counselling (Rauf, 2025). For comparison, only 60% of the 5880 people who received CBT for anxiety within the same local authority showed improvement. Although this provides good evidence for the usefulness of Islamic counselling, it is still difficult to ascertain, without a randomised controlled trial, whether these results are due specifically to Islamic counselling or if the same outcomes could have been achieved with a religiously or ethnically similar therapist. Furthermore, the study does not include information about the clients' subjective experiences, making it difficult to determine what aspects they found useful. Most importantly, the emphasis on adopting Islamic psychology counselling models for Muslim populations overlooks the variations in what is considered 'Islamic,' as this is not a universally agreed-upon concept. There has always been a diversity of opinions, and therefore it is unlikely that all Muslims will agree on one version of Islamic psychology (Younis, 2022).

Ironically, the issue of integration was not problematic for Islamic thinkers like Al-Razi, who was previously mentioned. He was educated in ancient Greek, Indian, and Persian sciences, which is demonstrated by his adoption of Galen's humoral theory that influenced how he diagnosed psychological distress (Awaad et al., 2022). However, this does not mean he blindly accepted everything from Greek thought. For instance, he opposed the separation of mind and body proposed by Socrates and Aristotle and wrote a book titled Doubts about Galen. This indicates

that the concept of an Islamic psychology entirely free of external influences is inaccurate. Nevertheless, Islamic thinkers like Al-Razi lived in predominantly Muslim states, which contrasts sharply with the situation of Muslims in the UK. The revival of Islamic psychology among Western Muslims can be seen as a means of preserving and maintaining one's religious identity in an environment of discrimination and Islamophobia (Younis, 2022). It also emphasises the significance of religion as an identifier rather than just ethnicity, among British Muslims (Scourfield et al., 2013). In a world where Muslims face attacks for their beliefs, preserving the Muslim mind from influences that contradict Islamic principles is a matter that greatly concerns many Muslims.

This section highlights that the issue of integration is contentious, and what constitutes adequate knowledge to practice Islamic psychology is not agreed upon within the field. This study takes the position that Islamic understandings of the self can be integrated with Western therapies, hence the use of the term Islamically integrated psychology in the title. Furthermore, while most of the research in the field of Islamic psychology has focused on working with adults, there has been a lack of research on how this concept would apply when working with children. The next section will explore the concept of childhood and Islamic understandings of childhood.

2.16 Childhood

The concept of childhood occupies a unique place within all cultures and societies. Age is commonly used as a marker to define who is and is not a child (Norozi & Moen, 2016). The Convention of the Rights of the Child defines children as persons below the age of 18 (United Nations, 1959). According to this definition, infants, toddlers, youths, and teenagers belong to the category of children (Norozi & Moen, 2016). However, the utility of using age as an indicator of what a child is has been questioned, because, apart from chronological age, what do these categories have in common? Not all children acquire the same physical, social, and psychological markers of development at the same age (Rogers, 2003). Rather, these depend

on other factors, such as physical, social, and cultural context (Norozi & Moen, 2016). In addition, different legal definitions of maturity vary depending on the situation. For example, in the UK, one cannot legally vote until they are 18, but one can join the army and engage in consensual sex by age 16 (Burman, 1994). Jenks (2004) stated that:

Childhood is understood as a social construction. As such it provides an interpretive frame for contextualising the early years of human life. Childhood, as distinct from biological immaturity, is neither a natural nor a universal feature of human groups but appears as a specific structural and cultural component of many society (p.78)

Therefore, different societies understand childhood in various ways and, even within the same society, political, historical, and cultural changes can alter expectations of childhood. For example, in England, the introduction of compulsory schooling in the 1870s and 1880s played a critical role in reshaping the understanding of childhood. This opposed the socially disruptive model of children and young people as wage-earning members of society; rather, children were viewed as passive and innocent, needing education through schooling (Hendrick, 1997). Historically, the arrival of a new child was welcomed as a future wage earner who would contribute to household expenses (Zelizer, 1994). However, by the twentieth century, in the Western world, this perception shifted due to the demand for a skilled and educated workforce, advances in technology, and rising incomes, which diminished the need for child labour (Zelizer, 1994). Additionally, there was a classist and moralist incentive to get working-class children into school; schooling served as a tool for reforming working-class morals (Burman, 1994). Thus, childhood became associated with an important period during which society could mould future desirable citizens.

In 1959, the United Nations adopted the Declaration of the Rights of the Child, which defines the child's right to protection, education, health care, housing, and nutrition (United Nations, 1959). In 1989, a further step was taken as world leaders adopted the United Nations

Convention on the Rights of the Child (CRC). This convention outlines the rights and responsibilities of governments towards their children (United Nations, 1989). However, the CRC has been criticised for upholding a Western, Euro-American-centric, middle-class view of childhood that developed in industrialised liberal democratic states as the ideal model of childhood (Holzscheiter, 2010). Therefore, childhoods that do not fit into this model, i.e., those that include extended families, child labour, and gendered experiences, are seen as abnormal childhoods (Holzscheiter, 2010).

Many African nation-states felt there was a lack of representation in the drafting process; therefore, the CRC did not reflect the specific contextual factors facing African children, such as the African concept of communal responsibility and the role of the extended family in the upbringing of children (Adu-Gyamfi & Keating, 2013). This led to the development of the African Charter on the Rights and Welfare of the Child to recognise the unique issues that impact African children, such as armed conflicts, cultural factors, and socio-economic factors (African Union, 1990). Having explained the construction of childhood, I will now focus on how Islam understands childhood.

2.17 What is a child in Islam?

In Islam, childhood is defined as the period between birth and the onset of puberty (Tahir, 2015; Sulaiman et al., 2014). Sulaiman et al. (2014) state that before the onset of puberty, there are two stages: the *pre-mumayyiz* stage, which is from 0 to 7, and is characterised as the stage where the child is not yet capable of distinguishing between right and wrong. The *mumayyiz* stage begins around the age of 7 or 8 years old. This age marker is derived from a hadith, where parents are instructed to teach their children to perform salah by the age of 7, indicating that around this age, there is a progression in their development that enables them to understand salah. Within Islamic law, maturity is defined as *baligh*, signified by physical signs of development such as the onset of menstruation in females and changes in voice for males.

In addition, there is an acknowledgement that children and youth have different needs. Alkouatli (2021) found in her research on Islamic education that many Muslim educators used the saying attributed to Ali Abi Talib (RA), one of the companions and cousins of the Prophet Muhammad (saw), which states, “for the first seven years, play with them. For the second seven years, teach them knowledge and manners and then, for the third seven years, be friends with them” (Alkouatli 2021, p.187). This was used as a guide, wherein the first 7 years should focus on imaginative play to facilitate social-emotional and cognitive development. The next 7 years’ dialogue should be the primary mechanism of teaching, helping children to reason within an Islamic framework, and share and listen to other people’s ideas. The last stage of childhood, from 14 to 21, should focus on role modelling a good example and assisting them in developing their own Islamic identity.

2.18 Childhood from an Islamic Perspective

In Islam, children are viewed as vulnerable and in need of protection. Therefore, within Islamic law, there are legal safeguards to ensure their protection. For example, children who are not under the care of their natural parents, such as orphans and/or children who have inherited wealth that they cannot yet access, are considered even more in need of protection (Olowu, 2008).

In Islam, the rights of a child begin well before birth within the Sharia. One of the purposes of Islamic law is to uphold the rights to life and lineage. One of the rights of a child is the right to married parents, which provides children with protection and legal rights to inheritance, guardianship, and maintenance (Alimohammadi et al., 2017; Olowu, 2008). Marriage is understood as a means to protect a child by ensuring that both parents are legally obliged to care for their child and that a child’s lineage is known.

Children are understood to be born on the fitrah, meaning that they are born in a state of wanting to have a relationship with God (Razak et al., 2017). Muslims believe that before we all came to this world, all Muslims testified that Allah is their lord (Utz, 2011). This means that

human beings are seen as pure and naturally inclined to worship Allah (Utz, 2011). Although there is this natural inclination, the *fitrah* needs the right environment to nurture it. Therefore, it depends on family upbringing, the wider social environment, and education (Scourfield et al. 2013). It is understood to be the obligation of every Muslim parent to educate and nurture their children with Islamic principles and morals (Olowu, 2008).

The term used to describe personality development is called *bina al-shakhsiyyah* in Arabic, which means the formation of personality (Tahir & Larmar, 2020). This involves the implementation of all resources to assist in raising children so they become righteous Muslims (Tahir, 2015). The goal of an Islamic upbringing is to facilitate the development of personality traits and behaviours that adhere to the principles and teachings of Islam (Tahir, 2015). Tahir and Larmar (2020) stated that this entails instilling the importance of worshipping Allah, fulfilling religious obligations, reciting the Quran, doing good deeds, avoiding what is forbidden, and being good to others. This is why, within the Islamic tradition, education and character development are highly valued. The role of the parent is to nurture children through *tarbiyah* (meaning to grow, to increase) by instilling religious knowledge and ensuring the development of good manners.

Scourfield et al. (2013) stated that many, if not most, Muslim children receive religious education within madrasahs, which focus on learning to read the Quran in Arabic as well as teaching about the life of the Prophet Muhammad (saw). Teachers within the madrasah are regarded as playing an important role in being part of the system around the child that helps to convey religious knowledge and exemplify moral behaviours and good character, thereby reinforcing what has been learnt at home.

2.19 Intersectionality within Muslim Childhoods

Muslim children's sense of Muslimness is impacted by intersecting identities such as race, gender, and ethnicity. Welply's (2018) research was conducted with 10–11-year-old children

from a Year 6 class. The findings showed that Muslim children faced implicit forms of racism and microaggressions from their non-Muslim classmates. The child's sense of 'otherness' was shaped by their intersections of race, religion, language, and national identity. The study indicated that Muslim children tended to internalise these negative views by trying to distance themselves from what 'others' them and not feeling confident in challenging racist stereotypes.

Gender is another important identifier that impacts how one experiences Islam. Cheruvallil-Contractor et al. (2022) conducted a study on the experiences of looked-after children of Muslim heritage in the UK. They found a variation in male and female experiences of religion depending on the cultural and religious practices these children encountered. For some girls, mosques were experienced as equally accommodating to both genders, whereas others viewed mosques as spaces where girls and women were not welcomed. They concluded that it is essential for social workers to explore with Muslim heritage children their understanding of Muslimness, as factors such as ethnicity, differences in religious denomination, age, gender, race, and culture led to significantly different understandings of Islam and variations in how they conceptualised the importance of religion in their lives. Scourfield et al. (2013) interviewed 60 Muslim families based in Cardiff, Wales. They found that for children under 12, there were no significant differences in expectations regarding religious nurturing between how boys and girls were raised. Issues of segregation between genders were not mentioned, and there was no difference in Islamic education for girls and boys, except among those who followed the Hanafi tradition, who believed girls over the age of 11 should not go to the mosque.

Research on the topic of intersectionality for young Muslim children in the UK is scarce, perhaps due to young children being an understudied population in comparison to older children (Welply, 2018). Nevertheless, this section highlights the importance of understanding how the identities that Muslim children hold shape their experiences. Muslim children living in the UK will likely experience varying degrees of marginalisation, which will be confounded by their intersecting identities. The next section will focus on the experiences of Muslim children in therapy.

2.20 Muslim children in therapy

Empirical research on therapy with Muslim children under the age of 12 is sparse. However, there is literature on how therapeutic practitioners should interact with Muslim children and adolescents. This focuses on the challenges that Muslim youth face living in Western society, the conflict between their Islamic, Western, and cultural identities, and how best to support Muslim children.

Carter and Hindi (1999) conducted interviews with Muslim families that included children from the age of 3 to adulthood in the USA regarding counselling for Muslim children in schools. They identified several key themes, including the importance of building a strong relationship between schools and families, understanding the extended family network, peers' awareness of their faith, dating, self-identity, dietary issues, and Islamic holidays. Carter and Hindi (1999) recommended that counsellors tailor their interventions with Muslim children by reaching out to and consulting with Muslim families, becoming familiar with Islamic traditions, being aware of cross-gender interactions- especially post-puberty- and assisting schools and teachers in developing a better understanding of Islam.

Casey et al. (2022) interviewed therapists with experience working with Muslim families to investigate the most important factors in this work. They found that respect was the core factor when working with these families. This involved avoiding stereotypes, demonstrating humility, being open to learning, clarifying preferences, and modifying approaches accordingly. Baggerly and Abugideori (2010) described a case study on providing grief counselling for Muslim preschool and elementary children. They noted the importance of collaborating with multiple systems, including teacher and parent consultation, group grief counselling, play therapy, and community outreach. Additionally, they emphasised the need to adapt therapy to the child's cognitive development, as they may struggle to understand the permanence of death. Therefore, they concluded that practitioners should incorporate concrete concepts such as

Jannah to help children comprehend where their loved ones are, as well as utilise Islamic children's books to aid in understanding the concept of death.

Awareness of specific cultural idioms of distress is also important. Mahr et al. (2018) described a case example of working with a Muslim Pakistani 11-year-old child using a CBT approach to treat post-traumatic stress disorder. The therapist noted that the client and his family initially employed a somatic explanation and believed there was a neurological problem rather than a psychological cause due to the stigma surrounding mental illness. Additionally, the child faced significant bullying at school and felt targeted by his teachers. The therapist's approach involved collaborating with multiple systems encompassing the child, parents, and school. The therapist respected the family's perspective of a physical cause, as it reflected a culturally sanctioned idiom of distress, while also providing psychoeducation about anxiety. Furthermore, the therapist acknowledged the client's difficulties living in two worlds and the psychological conflict that can arise from having to assimilate to UK customs while simultaneously holding onto Pakistani values.

In a chapter of a book called *Islamically Integrated Psychotherapy* (Al-Karam, 2018), a range of Muslim practitioners describe their work integrating Islamic psychology with Western psychotherapy. Sheikh (2018) describes a case study where he worked with an 8-year-old Muslim girl who experienced sexual obsessive thoughts and felt guilt after being exposed to sexual material from a friend. Drawing from CBT, Islamic psychology, and ecological systems theory, the therapist ensured that the client's mother and school were involved in the interventions. Using an Islamic psychology approach, he helped alleviate her guilt by explaining the Islamic concept of *niyya* (intention), which emphasises that in Islam one is not held accountable for thoughts that are out of one's control. Additionally, he incorporated mindfulness techniques through an Islamic lens by encouraging her to make *dua*.

In addition, systemic psychologist Rabia Malik also highlights her work using Quranic stories (Malik, 2018). She advocates for the use of Quranic stories when working with Muslim families,

as these stories often serve as a frame of reference for how to live one's life. The use of Quranic stories can provide a way to explore alternative possibilities, thereby helping to shift rigid cultural scripts as well as how the families relate to God.

In addition, Muslim organisations are highlighting the needs of young Muslims. The Muslim Mind Collaborative is a UK-based organisation that brings together Muslim mental health organisations and collaborates with statutory services and faith leaders (Akhtar, 2023). They surveyed school communities to understand what support is essential to address the mental health needs of young Muslims. As part of the study, they interviewed over 20 Muslim families and their children about their experiences in primary school. They found that 95% of the primary-aged children interviewed wanted their teachers and friends to learn more about Islam, specifically the core Islamic practices such as prayer, halal food, and religious celebrations, and to promote the idea that Islam is a peaceful religion. As a result of the research, they created a Muslim mental health in school toolkit to help schools develop faith sensitivity and cultural awareness.

To sum up this section, the literature highlights the importance of working not only with the child but also with the multiple systems surrounding the child, including their parents, school, and community. Bronfenbrenner's ecological systems theory is frequently cited as a reference point. This theory explains that children interact with various systems that impact their development (Bronfenbrenner, 1977). However, the literature is sparse, perhaps because young children rely on their parents' consent to access therapy. The literature emphasises that, firstly, many Muslim parents may worry about their child discussing family issues within therapy and the influence of the therapist on the child (Carter & Hindi, 1999). Therefore, if they do not feel adequately consulted and involved in the therapeutic process, it is unlikely that they would consent to their children attending therapy. Secondly, there is stigma surrounding mental health in many Muslim communities, which may make Muslim parents hesitant to seek support for their children (Mahr et al., 2018; Sheikh, 2018). Thirdly, due to the impact of Islamophobia, Muslim families may not feel understood, which can create a barrier between the therapist and

the families (Casey et al., 2022). Therefore, it is likely that Muslim families prefer their child to have a Muslim therapist whom they believe can understand their faith and culture. Although previous literature has highlighted the experiences of Muslim therapists working with Muslim adults (Betteridge, 2012; Choudhry, 2016; Rothman, 2019), there has not been much research illustrating how Muslim therapists utilise an Islamic psychological model when working with young Muslim children. I will now conclude this review of the literature by outlining the rationale for this study.

2.21 Rationale

A review of the literature has highlighted the importance of tailoring therapy to meet the needs of Muslim clients. Many therapists integrate Islamic and Western approaches into their work; however, there is variation in which Western approaches practitioners believe can work alongside an Islamic approach. The revival of Islamic psychology in the last few decades has underscored a desire to go beyond merely adapting Western therapies for Muslim clients by exploring Islamic sources for an indigenous Islamic psychology approach. This has contributed to a growth in Islamic psychology courses in both the Western and Islamic worlds, including the UK, where this thesis research is situated. However, most of the research has focused on working with adults and has not specified how an Islamic approach would be applied when working with young children.

Haque et al. (2016) recommended that Islamic psychology needs to move beyond merely stating the historical contributions of Muslims to psychology and focus on developing psychological inventions grounded in the Islamic paradigm. This research aims to investigate how Muslim therapists use Islamically integrated psychotherapy to inform their work with young Muslim children. By interviewing Muslim therapists trained in Islamic psychology, the goal is to understand the unique or common interventions they employ. Additionally, this study seeks to determine whether there are specific aspects of the Islamic model that are more relevant when working with young children compared to adults, as well as any interventions

that were utilised. This can contribute to building a theory of how they integrate Islamic and Western approaches when working with young Muslims children.

3.1 Methodology

This chapter outlines the study's methodology by first detailing the ontological and epistemological positions. It then provides information about the eligibility criteria, recruitment procedure, participants' demographics, and data generation. The history of grounded theory and the rationale for choosing a constructivist grounded theory are also discussed. Examples are provided illustrating the procedure of grounded theory. The chapter concludes by addressing ethical issues relevant to the research.

3.2 Ontology and epistemology: Formulating and situating an Islamic approach

Epistemology is the lens through which we view the world and the assumptions we make about the nature of knowledge (Richards, 2003). In addition, one's epistemological stance questions whether we can gain knowledge of 'reality' and who can be the 'knower' (Sumner, 2008). Ontology asks about the nature of the knower and how the positions we hold in society impact our worldview (Cohen et al., 2011). Social research specifically addresses one's relationship with wider society and how that informs one's worldview.

According to Keshavarzi and Ali's (2020) discussion, an Islamically integrated psychotherapy model follows an Islamic epistemology framework that considers both secular and sacred Islamic sciences. Within Islamic theology, there are three sources of knowledge. Firstly, reliable sensory evidence arises from observation, informing what we understand as empirical study, which is the cornerstone of the scientific method. Secondly, reason (*aql*) refers to human beings' ability to deduce rational conclusions by using their senses (*daduri*). This can also be acquired knowledge; for example, when there is smoke, it's highly likely that there is a fire (*iktisabi*).

Knowledge in this category includes truthful reports from reliable witnesses. Thirdly, there is revelational knowledge. This encompasses divine revelation (*wahy*), which is believed by Muslims to be the primary source of knowledge that God transmits to humans directly. This provides insight into a realm of divine knowledge that is usually inaccessible to human beings,

but some individuals, primarily prophets and saints, gain access to this knowledge. For Muslims, the most reliable form of knowledge is the Holy Quran, and for Sunni Muslims, the prophetic traditions contained in reliable hadith. Revelational knowledge grants human beings access to knowledge that surpasses what can be attained through human rationality, which is limited to the world of the seen and observable. In contrast, divine knowledge includes information from the world of the unseen (ghayb), which can only be known by humans through revelation.

Although most Muslims would agree, from an Islamic theological perspective, on these sources of knowledge, the question, in terms of ontology, is how Muslims might use this epistemological framework to understand the world they live in. Muslims seek to gain true knowledge while being aware that human beings are not perfect (Ahmed, 2014). Even though there is only one Quran, traditional Islamic scholarship has always featured a diversity of scholarly opinions in Islamic law (Ahmed, 2014). This highlights that, although Muslims believe in one truth, a level of interpretation occurs for them to know how to apply Islamic rulings to their daily lives (Ahmed, 2014). Therefore, Islam adopts a realist ontology but also accepts the relativism of human interpretation (Ahmed, 2014). This is difficult to fit into a Western epistemological and ontological paradigm, as no Western paradigm accepts the Quran as the undeniable word of God and holds that all other sources of knowledge are secondary.

To reflect this unique perspective, this study adopts a constructivist paradigm while adhering to the holism of an Islamic epistemology/ontology. To incorporate an Islamic ontological lens and guide my research process, I will utilise the steps outlined by Shaikh (2023). This will serve as a reflective tool, with each of the following 11 points elaborated upon in the reflective journal chapter.

This acknowledges that the study's results will be constructed from the interaction between my perspective and the participants' experiences, shaped by the researcher's worldview and social positioning (Cuthbertson et al., 2020). However, I maintain the perspective that there is one 'truth' out there, but as human beings, we fall short of discovering it. Muslims strive to live by

Islamic teachings, but the lived reality of how Islam is practised does not always align with what is reflected in religious texts. Therefore, an element of construction occurs as Muslims negotiate their cultural, contextual, and political realities with Islamic teachings (Al-Sharaf, 2013; Rothman, 2019). Having outlined the framework for this study, I will now describe how I applied this in practice.

3.3. Participants

The study aimed to recruit twelve participants based on Guest et al.'s (2006) recommendation for grounded theory, which suggests that twelve participants would allow common themes to emerge among a homogeneous group. The study aimed to recruit participants who fulfilled all of the following criteria:

- Self-identified as Muslims
- Qualified therapists (whether psychotherapist, any practitioner psychologist that had experience delivering therapeutic interventions, counsellor, or CBT therapist).
- Had experience working with young Muslim child/children aged 12 and under.
- Had their primary therapeutic training in a Western psychotherapy/counselling approach but also gained have applied knowledge about Islamic Psychology/psychotherapy, for example, through CPD courses. Or they should have completed a primary training in Islamic counselling/psychotherapy.

3.4 Recruitment procedure

Recruitment occurred between September 2022 and March 2023. Purposive sampling methods targeted organisations likely to have practitioners who met the eligibility criteria. The study's poster (Appendix E) was shared in Muslim mental health practitioner WhatsApp groups. The poster was emailed and distributed to the Muslim Counsellor and Psychotherapist network and The Reflection Network, an organisation that provides support for the mental and emotional health of Muslim heritage children (MCAPN, 2024; The Reflection Project, 2024). It was also shared with Muslim mental health providers such as Ihsaan Therapeutic Services and

Approachable Parenting (Approachable Parenting, 2024; Ihsaan, 2024). In addition, it was emailed to a course provider of Islamic psychology and shared with Place2be, which advertised the research in their internal weekly bulletin to their counsellors.

Seventeen people expressed interest in the study, and ultimately, eight were interviewed. This was because some individuals initially showed interest but did not meet the full inclusion criteria. For example, some lacked experience working with children under 12, while others did not have further training in Islamic psychology.

3.5 Research design

This study utilised a qualitative design to explore the experiences of Muslim therapists employing an Islamic psychology approach when working with young Muslim children. I chose a qualitative design because it allowed me to gain a rich and deep understanding of the participants' experiences in their clinical practice (Charmaz, 2006; Strauss & Corbin, 1990). Qualitative approaches focus on the participants' experiences and how they make meaning out of those experiences (Willig, 2013), whereas quantitative approaches are generally more concerned with establishing cause-and-effect relationships among different phenomena. Qualitative approaches are valuable for exploring under-researched areas that do not have clearly defined variables, encouraging researchers to adopt an exploratory stance where the richness and detail of the participants' narratives are given the focal point (Camic, 2021; Willig 2013).

This study is interested in constructing a model of how Muslim therapists use an Islamically integrative approach whilst working with Muslim children. This was defined as someone who has experience using both Western and Islamic approaches to therapy. This is an area of research where there have not been many studies so far, and there is no specific benchmark of what constitutes how therapists work in this area. Therefore, a qualitative design, through its openness, allows for exploration, which will hopefully shed new insights into this area

(Charmaz, 2006). In addition, it can provide the richness and detail that is needed to understand how therapists work in the room with children.

3.6 Participant demographics

This study includes eight participants (three males and five females). The sample consists of counsellors, psychotherapists, and psychologists. Their background in Islamic psychology ranged from completing a diploma, undertaking a level one/level two course, to attending a short introductory course in Islamic psychology. Some participants chose not to disclose where they had completed their Islamic psychology course. One participant stated that sharing this information would likely reveal their identity. Therefore, they informed the researcher but requested that they did not want it to be included in the study's write-up. I offered participants the option to choose a pseudonym, which some accepted, while others were comfortable with me to choose a pseudonym on their behalf.

Table 2

Participant demographics

Participant pseudonym	Gender	Professional title	Islamic psychology background
Aaliyah	Female	Child and Adolescent psychotherapist	Diploma in Islamic counselling and psychotherapy
Abdullah	Male	Practitioner Psychologist	Postgraduate training in Islamically developed psychologies
Abdulrahman	Male	Systematic psychotherapist & Islamic psychologist (in training)	Diploma in Islamic psychology
Haroon	Male	Clinical Psychologist	Level one and Level two Islamic psychology course
Maymuna	Female	Counsellor	Level one Islamic psychology course

Rumaysah	Female	Child and adolescent psychotherapist	Introductory course in Islamic Psychology
Tahira	Female	Integrative creative arts therapist and Islamic counsellor	Completed an extensive course that led to a qualification as an Islamic counsellor
Zubeda	Female	Counsellor	Level one and Level two Islamic psychology course

3.7 Data Generation

Data was generated through semi-structured interviews. The interview schedule (Appendix D) contained nine open-ended questions aimed at eliciting participants' opinions on the topic area. The order of questions was guided by the participants' responses. Charmaz (2006) stated that a grounded theory study should begin with a few open-ended questions to encourage spontaneity, after which the interviewer can prompt the interviewee to provide a more detailed discussion of the topic area. The framing of the questions was influenced by Rothman's (2019) interview questions. Rothman (2019) also interviewed Muslim practitioners on their understanding of Islamic psychology. I adopted the structure of starting by asking practitioners about their general experience and then narrowing down to elicit more specific examples of how they have applied these concepts in practice. This approach was intended to build rapport and understanding of how the practitioners defined themselves. Once rapport had been established, questions such as "*How do Islamic principles inform how you work with children?*" were designed to encourage deeper reflection on their practice. Interview lengths ranged from 45 to 80 minutes.

Participants were given the option of face-to-face interviews or video conferencing via Zoom. All interviews were conducted via Zoom due to geographical location and time constraints. Using Zoom is advantageous as it is more cost- and time-effective, thereby allowing accessibility to a wider pool of potential participants (Archibald et al., 2019). However, it also has its

disadvantages, including occasional connectivity issues, lag times, and participants struggling to find a private enough location for the interview (Olliffe et al., 2021). Recordings were then transcribed using NVivo 12.

3.8 Transcription process

There are two main methods that range across a spectrum of naturalised and denaturalised transcription (Bucholtz, 2000). In naturalised transcription, the researcher transforms the data to reflect written language using grammatical markers such as commas, full stops, and complete sentences (Bucholtz, 2000; Nascimento & Steinbruch, 2019). In contrast, with denaturalised transcription, the researcher prioritises oral speech over the written word by writing the interview as participants said it rather than following the grammatical rules of written speech. I decided to use denaturalised transcription to reflect the true speech of the interview. In natural speech, participants do not follow grammatical rules; therefore, the use of punctuation is limited to reflect the flow of the participants' speech.

3.9 History of grounded theory

Grounded theory was developed by Glaser and Strauss (1967) as a method to address the gap between research and theory (Sebastian, 2019). Both Glaser and Strauss were sociologists working during a time when sociology was dominated by quantitative methods, while qualitative methods were viewed as lacking scientific rigour; consequently, results were not considered reliable (Charmaz, 2014). Grounded theory marked a shift by employing an inductive approach, where theory is grounded in the data rather than relying on previous theoretical conclusions.

Grounded theory provides researchers with a systematic methodological framework for collecting and analysing data in a way that connects categories to formulate an overarching theory (Charmaz & Thornberg, 2021). The analytic focus is directed by the research process, which facilitates the generation of new concepts and contributions to the literature (Charmaz & Thornberg, 2021). Originally, Glaser and Strauss conducted research exploring the experiences

of dying patients within hospital settings. They utilised grounded theory to develop abstract theoretical explanations of the social and temporal factors involved (Charmaz, 2014). Their aim was to transition qualitative research from descriptive studies to the creation of explanatory theoretical frameworks (Charmaz, 2014).

While there are many different versions of grounded theory, I will mention the three main versions. The original developers, Glaser and Strauss, eventually split in their perspectives on how grounded theory should be analysed and epistemology (Payne, 2007). The original classical grounded theory proposed by Glaser and Strauss (1967), but later continued by Glaser (1992,1999), was based on a positivist position in which there was a 'truth' that could be found with the right methods. Therefore, the researcher is uncovering what was already there (Willig, 2008). Charmaz (2014) stated that this reflects Glaser's quantitative training at Columbia; therefore, he used quantitative methods to codify qualitative research. Glaser's method places a lot of value on simple procedures to allow the theory to emerge (Payne, 2007). Hence, there is an emphasis on the researcher remaining neutral by not conducting a literature review before data collection, as that could be understood to influence the analysis of the data (Sebastian, 2019).

This contrasts with Strauss and Corbin's (1990,1998) version of grounded theory. Strauss was influenced by her background in the Chicago school, which is rooted in the philosophical tradition of pragmatism-informed symbolic interactionism. Rather than there being an objective truth to be discovered, this perspective views human beings as active agents who create meaning through interactions with the world, influenced by language and communication (Charmaz, 2014). Therefore, the researcher is seen as actively engaging with and interpreting the data, while prior knowledge is considered useful for aiding theoretical sensitivity (Sebastian, 2019). Strauss and Corbin (1990, 1998) present a detailed coding paradigm within axial coding that demonstrates how researchers can establish links between categories and subcategories. This helps to illuminate the properties and dimensions of a category (Charmaz, 2014). However, this approach has faced significant criticism from Glaser (1992), who argues that it forces the data into preconceived categories and biases the

researcher toward seeking specific patterns in the data rather than allowing the theory to emerge (Charmaz 2014; Glaser, 1992; Willig, 2008).

Charmaz introduces constructivist grounded theory, which goes a step further by arguing that categories and theories do not emerge from the data, but are constructed by the researcher (Charmaz, 2014; Willig, 2008). Charmaz (2014) argues that we are part of the world we study, and so any theory is ultimately an interpretation of the world rather than an objective fact. Therefore, research must be situated in historical, social and situational conditions (Charmaz, 2017). It is also key that researchers adopt a reflexive stance and acknowledge how their background, social position have impacted their relationship with participants (Charmaz, 2017). Charmaz (2014) states her view that grounded theory is a set of principles rather than a specific set of rules or practices. Therefore, constructivist grounded theory provides flexible guidelines that researchers can choose from depending on the utility to their research (Charmaz 2014; Sebastian 2019).

3.10 Rationale for grounded theory in this study

Grounded theory provides an analytical framework that guides researchers in theory development. The goal of grounded theory is to generate a new theory that is grounded in the data (Glaser & Strauss, 1967; Sebastian, 2019). This aligns with the aim of this study to contribute to developing a theory of how Islamically integrated psychotherapy is employed by Muslim therapists when working with young Muslim children. Although there has been a growth in literature in recent years on Islamic psychology, not much has been written on its application when working with young Muslim children. Grounded theory is regarded as a useful methodology when little is known about a phenomenon, as it encourages original and fresh insights into the subject matter (Fassinger, 2005). Additionally, grounded theory has been used in similar studies investigating the experiences of Muslim therapists in how they apply Islamic principles in their work (Betteridge, 2012; Rothman, 2019).

A constructivist grounded theory was chosen as the method to analyse the data, specifically the approach proposed by Charmaz (2006). As stated earlier, this study adheres to an Islamic epistemology/ontology but also acknowledges that it will be a construction of the researcher's interpretation, influenced by their positioning and the context in which the research took place.

3.11 Variation and adaptation of grounded theory

Rieger (2019) stated that although there is variation among the different types of grounded theory approaches, they all share the following similarities: providing a sequential model of social processes, beginning with inductive logic, simultaneous data collection, concurrent data collection and analysis, the use of constant comparison, memo writing, and theoretical sampling, in which participants are sought to provide theoretical insight until saturation and generation of a grounded theory.

Most of these steps were followed in this study; however, some adaptations were made. Firstly, concurrent data collection and analysis were not fully executed. While data was collected, it was also transcribed, and memos were recorded to reflect initial thoughts; however, the initial coding process commenced once all the data had been collected. This was due to time constraints. As the study's recruitment process began, there was not enough time to start coding and conduct continuous interviews. Therefore, memos were used to understand emerging themes in the data and guide future interviews. For example, after transcribing the first interview, the significance of how participants understood their role was deemed important; thus, question eight (Appendix D) was added to the interview schedule.

Secondly, one of the core principles of grounded theory is theoretical sampling, which follows the inductive logic of grounded theory. Sampling is guided by the emerging theory that is present in the data. Therefore, participants were sought based on their ability to provide information on concepts evident in the data to help further develop the theory. This process often begins with purposive sampling involving gatekeepers or key informants in a specific topic area and then evolves into theoretical sampling, where participants who can provide insight

into a particular concept are sought (Charmaz 2006; Cutcliffe 2000; Rieger, 2019). Theoretical saturation is reached when new data no longer provides additional insights or reveals new properties of categories (Cutcliffe 2000; Charmaz 2006; Rieger, 2019).

However, within this study, theoretical sampling proved to be very challenging. Due to the study's inclusion criteria, there was not a variety of participants to choose from; therefore, it was difficult to be selective. Many potential participants did not fully meet the inclusion criteria, and it was particularly difficult to find people who had experience working with children under the age of 12. Although sampling was purposive by approaching organisations where there was a high likelihood of finding potential participants, there was also an element of convenience sampling, where sampling was influenced by who was available and willing to participate.

Pergert (2009) stated that reaching saturation is always a subjective decision that the researcher must make based on the study's resources and time constraints. Dey (1999) challenged the concept of theoretical saturation, stating that grounded theorists produce categories through partial rather than exhaustive coding; therefore, it is inaccurate to state that one has achieved saturation. Dey (1999) suggests that, rather than stating that one has categories saturated by the data, the theorist might instead state that they have categories suggested by the data. Hence, the preferred term theoretical sufficiency was deemed to reflect the grounded theorists' work better. This study did not adopt an exhaustive coding approach through line-by-line or word-by-word analysis but instead used meaning units. Thus, the term theoretical sufficiency may more accurately reflect this study's understanding of how the categories contributed to theoretical development.

One of the purposes of theoretical sampling is to elaborate on the meaning of categories and understand the variation within them (Charmaz, 2006). Within this study's niche set of participants, variation was sought by interviewing individuals who had worked in various settings and came from diverse professional backgrounds, as well as having completed a range

of Islamic psychology training programs. At the open coding stage, there were approximately 743 initial codes from eight participants. The decision was made to halt participant recruitment as the data was considered sufficient to contribute to the development of a theory.

Lo (2016) stated that grounded theory employs a combination of inductive and abductive reasoning. Firstly, it adopts an inductive approach to identify recurring themes and engages in constant comparison between codes and data. Later in the coding process, abductive reasoning is applied to formulate hypotheses of potential theoretical explanations. At this stage, existing literature and theories can be utilised to modify and clarify these potential explanations. Traditionally, grounded theory researchers were advised against conducting an initial literature review until after the analysis to avoid being influenced by prior literature (Glaser & Strauss, 1967). However, this study adopts a constructivist approach, recognising that researchers do not strive for objectivity and acknowledging that a literature review can aid in clarifying their ideas and positioning the study within existing literature (Charmaz, 2006). It was essential for this study to be grounded within an Islamic paradigm. Therefore, Islamic concepts from the literature review were employed to provide theoretical sensitivity and to verify emerging concepts and theory.

3.12 Procedure for grounded theory analysis

The grounded theory analysis undertaken here followed the steps outlined by Charmaz (2006). Data generation and data analysis proceeded alongside each other. The data was transcribed after each interview, and initial ideas were recorded in memos. Memo writing was used throughout all coding stages to capture ideas and gain more analytical depth.

The analysis began with initial coding, also known as open coding. The data was coded into meaning units, which represented each discrete idea or event. This was commonly a sentence or a paragraph. Meaning units were chosen, rather than line-by-line coding, in order not to lose the meaning the participant was trying to convey, which would frequently take up a couple of lines. Charmaz (2006) stated that in initial coding, the codes should be kept short, simple,

precise, and active. Gerunds were used to stay close to the data by highlighting what actions the participant was taking. Coding was guided through asking questions about the data as recommended by Charmaz (2006).

These questions included:

- What process is at issue here?
- What does the participant state that they feel or think while being involved in this process?
- How does this process develop and what are the consequences of the process?

These are examples of initial coding of the following extracts:

There's a piece of flesh in the body that if it is clean the body the person is clean and there are good and if it is black then then the person is in pain and is disjointed- **Cleansing the heart**

I guess I'm mentioning him because of that issue of trust which I have now later years later I'm now seeing is such as important hmm area in terms of working with Muslim families- **Being able to relate with parents**

The second stage of analysis was focused coding. The most significant and/or frequent codes are collated together. This was based on which initial codes made the most analytic sense. In keeping with the principles of grounded theory, the data within the same extract and across different participants was constantly compared with each other (Charmaz, 2006). See the example below of the transition of some initial codes into focused codes.

Table 3

Transition of initial code to focused code

Focused code	Initial code
Connecting the child to Islam	building an internal connection not just ritualistic worship
	helping them autonomous develop a relationship with Allah
	Connecting young children to their creator through exploration
	helping them move into a more inspired <i>nafs</i>
Using modelling techniques	Building a connection through non-verbal methods
	gaining their sense of self from language
	helping children navigate their identity
	loving and nurturing the child
Working with the parents	connecting the child to their family history and legacy
	connecting to the ultimate aim of knowing Allah
	evidence of importance of play and guidance in Islam
	having an awareness of the importance of the prenatal period
Exploring feelings	allowing them to express themselves
	being curious about their idea of god
	developing an awareness of their own feelings
	emotions are understood through seeing it

An example of how constant comparison was used within the focused coding stage can be illustrated using the following data extracts and accompanying memo:

Zubeba : *" As long as they're in touch with themselves right now hmm they're still developing so I can't say there is anything that we've worked on now that I expect that they will still have it in a year's time. What I do say to the children is you know I'm here whenever you struggle come back because I do feel like they're very like alive with the situation it's based on the realness of right now they're not holding at that age their not holding onto childhood trauma it's not something that they come with"*

Memo extract:

This was initially coded as *working in the here and now* but after focused coding I realised that it's more about the development of the child because the therapist is emphasising how the children are still developing. Zubeda's view was that the impact of therapy is limited to that time so she was going one step further than just saying it's in the here and now to stating that it's in the here and now because children are always changing. Through reading other transcripts, I could see that other participants also constantly spoke about the identity development and sinless nature of children, as being in a state of being allowed to grow before one is held accountable.

This example highlights how constant comparison assisted in developing a code through comparing with other data extracts. This allowed me to understand how this extract contributed to understanding the nature of a child within an Islamic framework.

The next stage of analysis was axial coding, which examines the relationships between different categories and subcategories, specifies the properties and dimensions of a category, and reassembles the data that had been broken down during initial coding to provide coherence to the emerging analysis (Charmaz, 2006). Firstly, the characteristics of each focused code were defined (see an example of some of these codes in Appendix B). Similarities led to the combination of some focused codes.

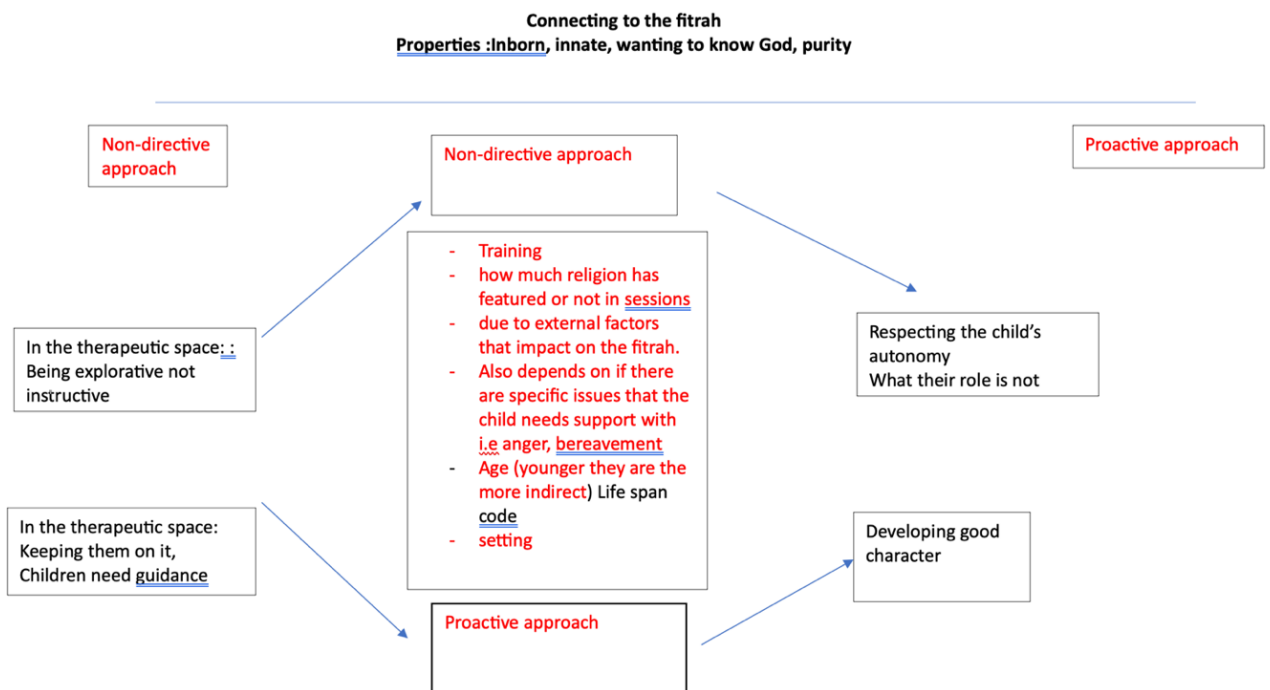
Axial coding was used to describe the relationship between these two main categories, which would eventually be called creating a safe place and laying a foundation. These categories were understood as representing two dimensions, ranging from the therapist taking a non-directive approach to the therapy taking a directive approach. I revisited the data to determine what factors influenced participants' decisions to take a directive or non-directive approach. One of

the factors was age, which influenced the therapist's decision on which approach to use; that is, the younger the child, the more likely a non-directive approach was taken.

In addition, I used axial coding to help explore the relationships between categories visually, using the concept of a spectrum (See figure 1). This approach allowed me to conceptualise the similarities and differences between the emerging categories. On one side of the spectrum, there was a non-directive approach, and on the other side, a proactive approach. Listed in the middle (red font) are the factors I observed from the data that contributed to the therapist's choice of a particular way of working.

Figure 1:

An example of axial coding



Within the final stage of analysis, selective coding was used to bring together common threads between all the categories to create a theory (Hawker & Kerr, 2007). One of the methods used is to examine which category is mentioned the most frequently and is connected to other categories. In addition, theoretical coding is used to bring in external ideas as analytic tools to help shed light on potential links between categories (Thornberg & Charmaz, 2014). This is used to reflect on the ideas within the memos that have been recorded throughout the whole research process.

The use of literature on child development in Islam provided insights into specific categories. For example, the word *fitrah* was expressed by many participants, and its common occurrence within the literature further evidenced this. This helped elaborate on the specific qualities of the *fitrah*. The literature also offered valuable insight into the role of *tarbiyah* (upbringing) in fostering the *fitrah* (Tahir & Larmer, 2020; Riaz & Rahman, 2023). For more examples of the analytic process, please see Appendix H for how quotes progressed to categories, Appendix I for an example of early mapping, and Appendix J for a table illustrating how codes informed the main categories. See the figures below to see the development of the theory:

Figure 2

Expanding on the nature of the core category

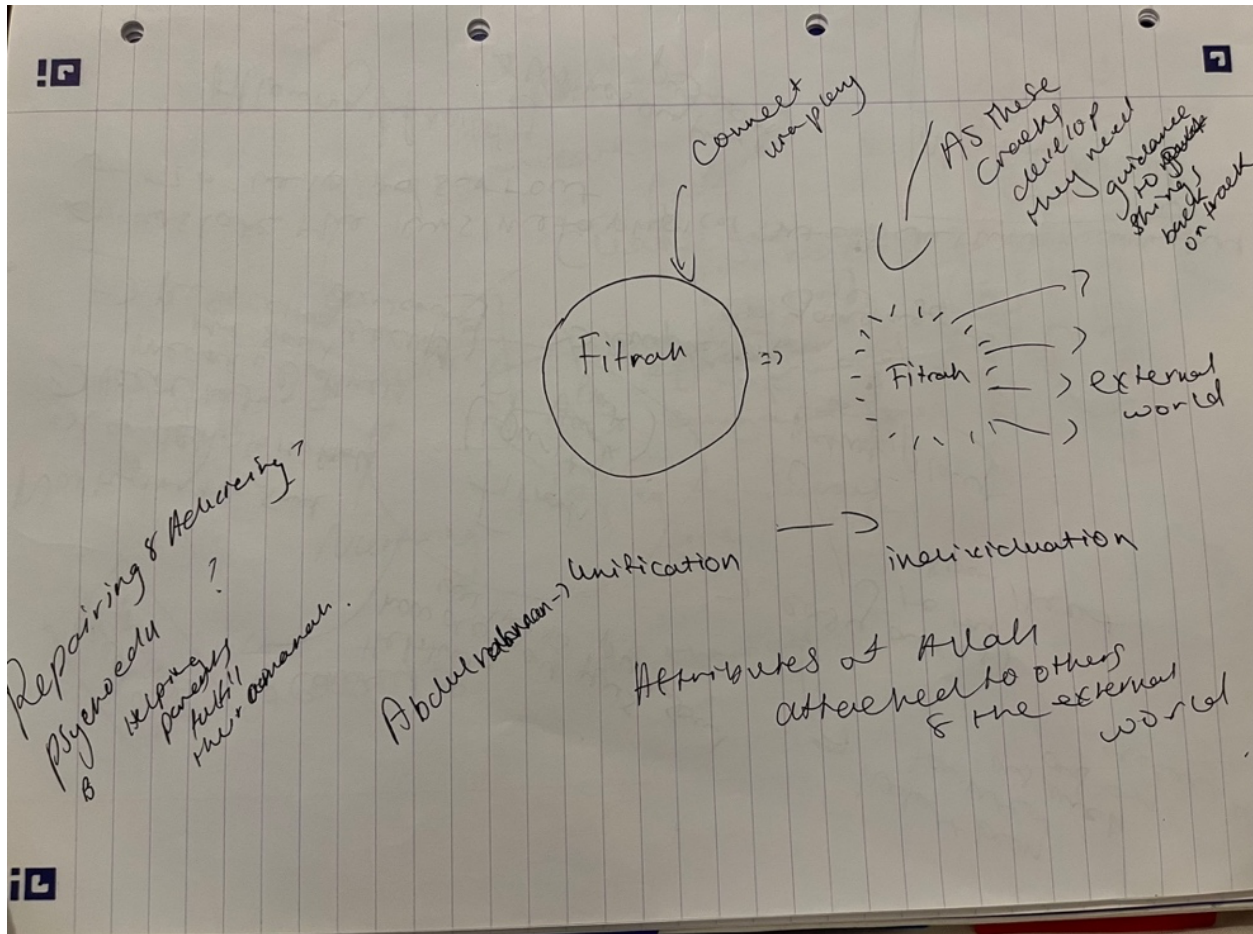


Figure 3

Understanding the nature of the fitrah

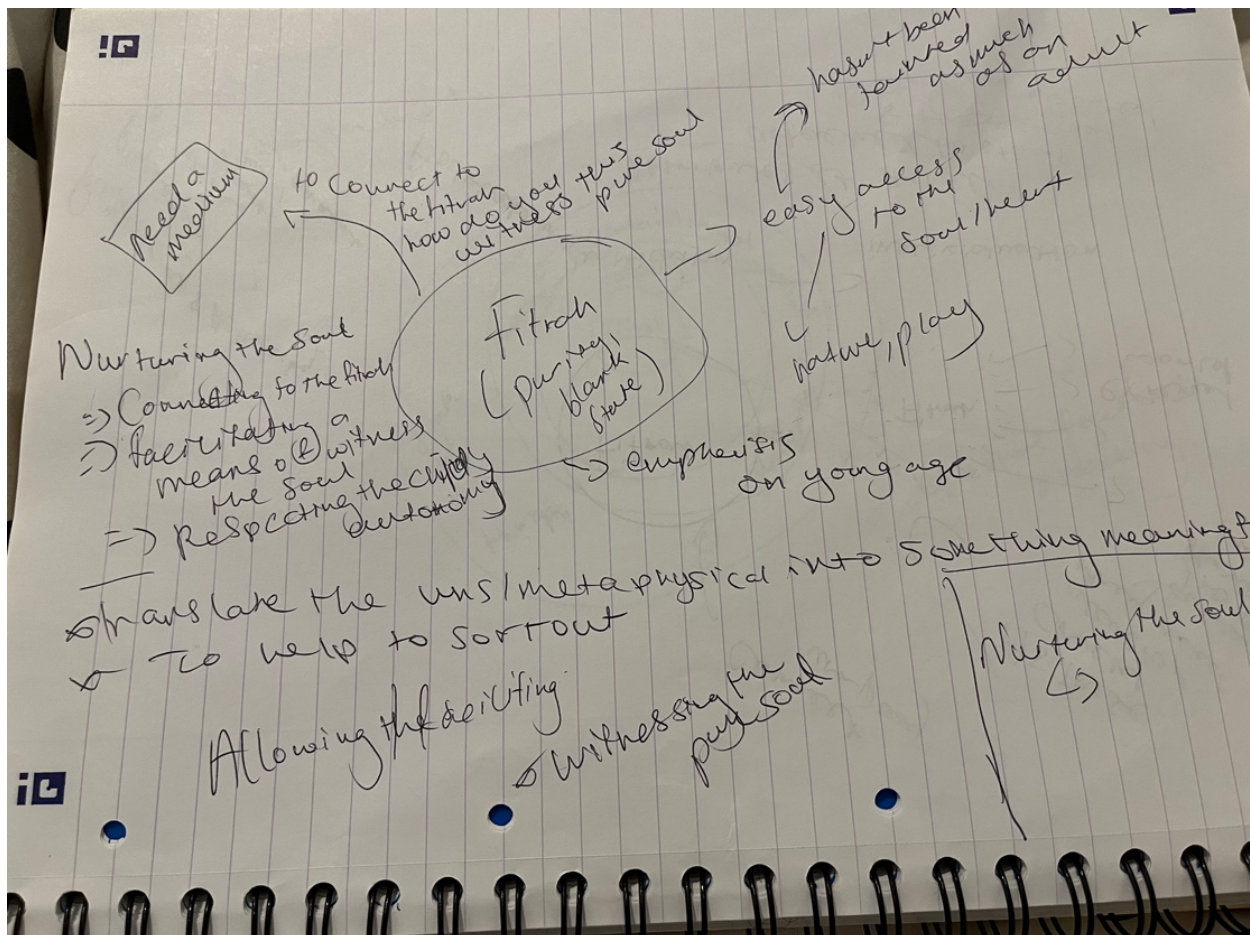


Figure 4

First draft of an Islamic lifespan of development and how it links with the categories

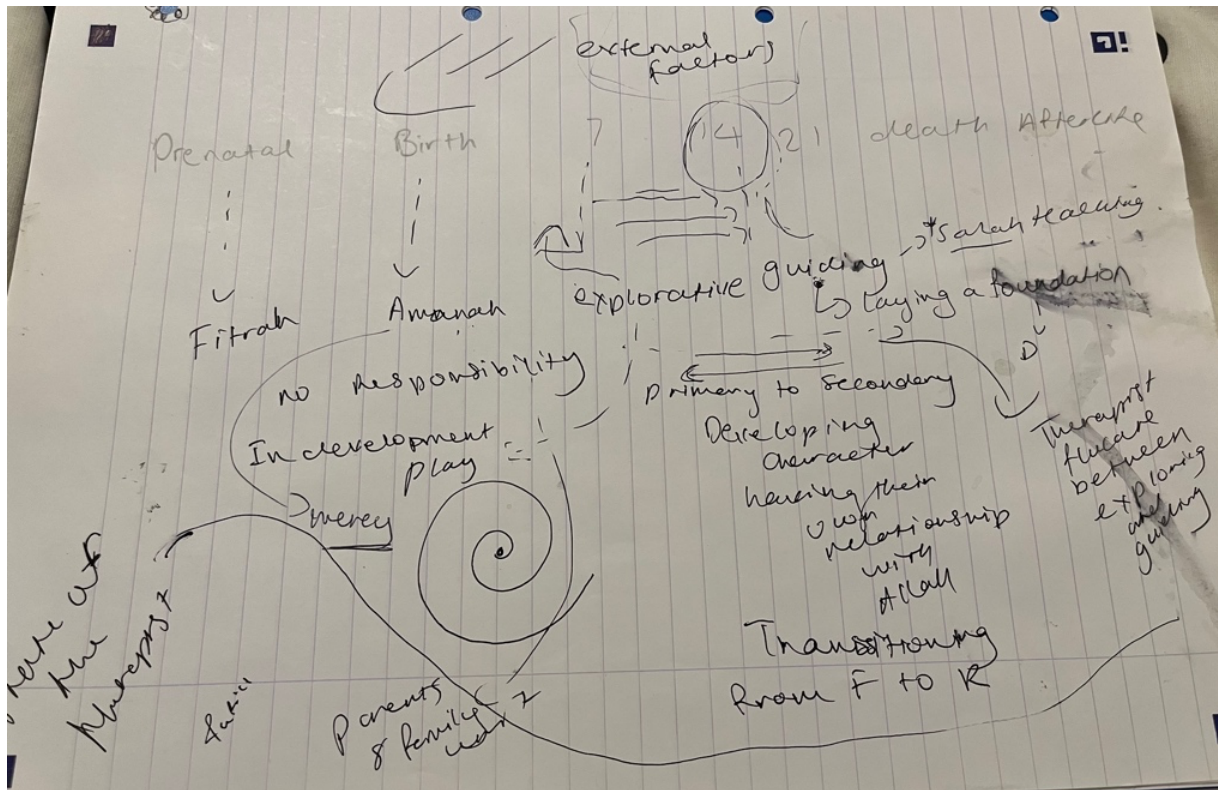
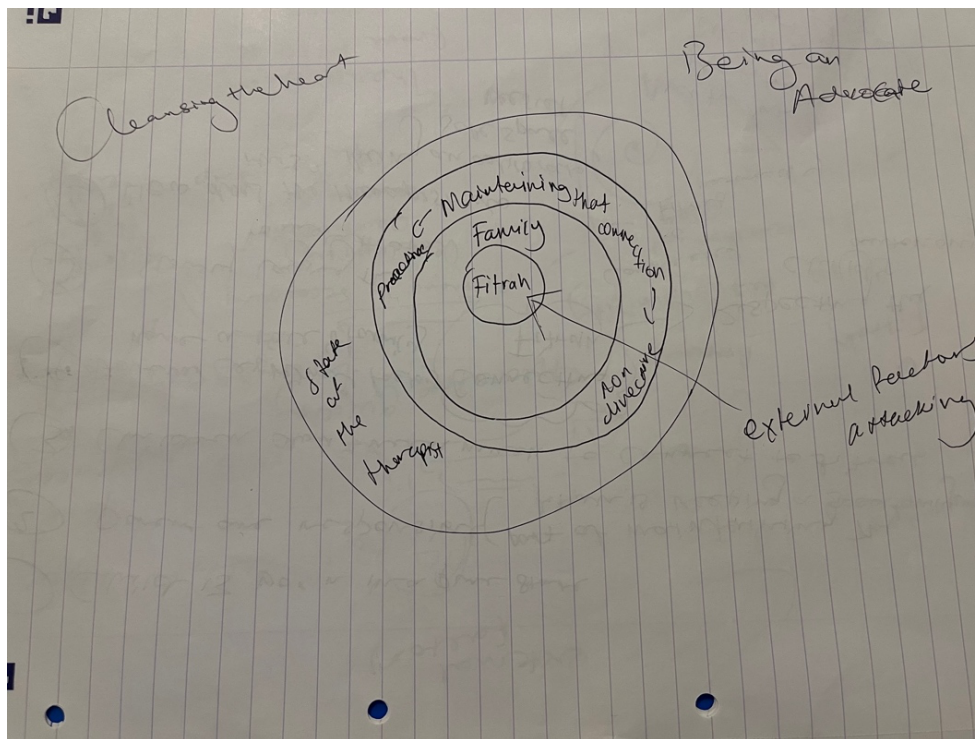


Figure 5

Connecting themes together



3.13 Quality and Rigour

The study will be evaluated using the principles of a constructivist grounded theory (Charmaz, 2008).

Principle One: Treat the research process itself as a social construction.

This means not being rigidly applying a grounded theory approach but instead tailoring grounded theory to what is emerging in the data and constructing the method of analysis (Charmaz, 2008). Grounded theory methods are a set of principles, not a prescriptive approach

that can just be imposed on data (Charmaz, 2006). This study applied this principle by remaining flexible and open throughout the research process. For example, during the interview process, it became apparent that a question around the role of the Muslim therapist was important to add to the list of interview questions; therefore, this was added after some interviews had already been conducted.

Principle Two: Scrutinise research decisions and directions

The researcher needs to think about the decisions they are making. The researcher is not outside the research process but is seen as part of the construction of knowledge. A reflexivity section was included in this study to highlight challenges and thoughts that the researcher noted during the research process in a reflexive journal. Challenges and dilemmas were also discussed during supervision. Constructivist grounded theory is particularly challenging for doctoral researchers because of the lack of clarity in how to apply grounded theory techniques such as axial coding (Nagel et al., 2015). Using the journal, supervision and reading other grounded theory studies was useful in helping to decide what direction and strategy to adopt.

The reflexive journal was used once participant recruitment began to document the researcher's emerging thoughts on the data, as well as any changes in ideas. It was also used to critically reflect on difficulties, biases and assumptions and how that impacted the research process. In addition, throughout the analysis, memos were used to record initial thoughts about meaning units, as well as to record the reason behind the evaluation of a particular code as it moved from an initial code to a focused code to a more theoretical code

Principle Three: Improvise methodological and analytic strategies throughout the research process.

The researcher adopted the processes outlined by Charmaz (2006) within the analysis through developing the data from open coding, focused coding, axial coding and theoretical coding.

Memo writing was as a tool to note down initial thoughts about the data and make early comparisons (Charmaz, 2006). This allowed the researcher to play around with different ideas and note how a certain code evolved throughout the research process. Another methodological strategy that the researcher used was member checking. To make sure that the analysis was validated by participants, member checking was incorporated into the research by sharing a summary of the initial data analysis with participants. Member checks improve credibility by finding out if participants find the data meaningful and reflective of their experience (Tracy, 2010). It gives space to participants to give their feedback and fosters a collaborative research approach. Participants were given the option to opt in to be part of the member checking process through the consent form. Even though participants in this study opted not to share their views, the researcher did contact participants when there was some information to clarify, for example, in terms of their professional title/role. The member checking process will be further reflected on in the reflexivity section.

Principle Four: Collect sufficient data to discern and document how research participants construct their lives and worlds.

The researcher originally aimed to interview 12 participants. However, it was difficult to find participants that met the full eligibility criteria (see reflexivity section for more about this). The study also had a small sample size because of internal and external factors. These factors included the fact that the researcher wanted to conduct interviews that provided detailed, rich data whilst also trying to manage the short time frame of conducting this study as a lone researcher. Therefore, it was more important to the researcher to focus on depth rather than breadth; by making sure each interview would allow for the development of analytic categories and comparisons (Charmaz, 2006). Within constructivist grounded theory there is not a requirement for a specific number of participants, instead it is encouraged for the researcher to re-interview participants to clarify the data (Charmaz, 2006). Even though this was not possible within this study, it is recognised that would have been useful to further the development of the grounded theory.

3.14 Reflexivity

A qualitative researcher is a 'tool' through which the data analysis occurs; therefore, the researcher's subjectivity is a key part of the process. Within constructivist grounded theory, importance is placed on the researcher examining and owning their positionality and how that contributed to their analysis of the data (Charmaz, 2006). The researcher is encouraged to have a 'reflective stance' through keeping a record of their thoughts, interpretations, and what factors they believe have influenced those decisions (Charmaz, 2006; McGrath, 2021). I did this through keeping a reflective journal throughout the research process. In this section, I will first reiterate my positionality and then address key themes that came up during the research process.

3.15 Researcher positioning and assumptions

I acknowledge that I come from an insider perspective, as a trainee Muslim psychologist interviewing other Muslim therapists about how they work. I come from a very similar professional background to my participants. I have received therapeutic training within a Western psychology paradigm, but also completed a level 1 Islamic psychology certificate and worked for a year in a service that provides Islamic counselling. As well, I also volunteered for an Islamic psychology professional network for a few years before conducting this study. Part of the motivation to conduct the study came from my own experience of negotiating Western and Islamic paradigms within psychology. As a Muslim, I adhere to an Islamic worldview, in which I believe that the Quran is the word of God, and I follow the *sunnah* of the Prophet Muhammad (saw). This influenced my interpretation and analysis of the participant's data. As previously stated, this study is operating in a constructivist paradigm within an Islamic epistemology/ontology. This means that there is an understanding that the research is a construction of my own and the participants' interpretations, which is situated within the social, political landscape of Muslims as a religious minority within the UK context.

3.16 Reflections on the Member checking process

I incorporated member checking in the study and explained this to participants through the information sheet, consent form and verbally. Out of the eight participants, two signed up for member checking, and four did not record their preference. Therefore, I contacted those four participants at the end of transcribing all the interviews. One participant responded that they were happy for me to go ahead and analyse without their input, and the other three participants did not respond. The two participants who did sign up for member checking were sent a list of emerging themes from their transcripts, but again, there was no response.

I can offer some reflections on why I think the member checking process was not successful (in the sense of generating comments and feedback from the participants). I came into this research from an insider position as a Muslim therapist and trainee psychologist who has had some experience working with young children. I believe this insider position helped me in firstly, knowing what the best places were to recruit potential participants, and it also allowed me to gain trust from my participants that it was safe for them to give me an insight into how they work as a therapist. In addition, throughout the interviews, Islamic terminology was used heavily, which I believe demonstrates that there was an implicit understanding of certain things due to our shared faith.

However, I believe that this insider positioning also brought some challenges. Daly (1992) stated that when the researcher comes from an insider position, participants may withhold information that they assume to be obvious to the researcher. I believe this may have played a part in why member checking was not successful. This was perhaps indicated by the response that I received via email, that there might have been a sense that, of course, I would understand what they meant, therefore there was no need to engage in member checking. This may have been so, especially because some participants already knew of me due to my work in an Islamic counselling organisation. However, it may also reflect the way I conducted the member checking process. Perhaps if I had engaged participants from the moment, I finished transcribing and had asked if they would like to check their transcription and make any amendments. Had I done this, participants may have engaged more, rather than when I

contacted them months after the original interview, as their interest in the research may have dwindled.

3.17 Who gets to say what is an Islamic psychology?

In some interviews, I experienced a feeling that some interviewees were holding back from answering a particular question. I also noticed that at times, once I stopped recording, some participants would then provide some more information that perhaps they did not want to be recorded. This made me reflect, that even though there was a certain amount of power I held as an interviewer, as a trainee psychologist from the University of Manchester. There was also a certain amount of power participants held in terms of their clinical experience, which was more than my own. In addition, they have the power to decide what they choose to share. Anyan (2013) stated that power within qualitative interviews is not symmetrical. An interviewer possesses information about the aim of the study and will ultimately conduct the analysis based on their interpretations. The interviewee possesses the knowledge and experience of the data required.

In those moments, I wondered what that was about, if something was going on about perhaps being conscious of representing Islam and not wanting to give the 'wrong' answer or not feeling qualified enough in Islamic psychology. I would frequently reiterate to participants that this is their interpretation and I'm not looking for a Qur'anic definition of Islamic psychology. I wondered whether that was re-enacted within the interviewer and interviewee relationship. One of my participants stated in his interview, *"make me look good when you quote it, if you give the quote you've got to make me look good ok, you've got to promise "*. This was referring to a particular hadith.

During the interview we both laughed when this comment was said, but I think it may have represented for this participant and perhaps other participants a consciousness of the fact that this research will be shared amongst Muslim practitioners and the fear that they may be judged if they make a mistake in remembering specific evidence from the Islamic literature. Likewise,

they may also have been conscious of the research being read by non-Muslims and not wanting to convey Islam in an oppressive, negative way. These factors perhaps had an impact on what participants decided to share or not to share. This has also mirrored my anxieties about this study, such as will this study will be deemed as Islamic enough? How will I explain my research findings to people who are not Muslims?

I am aware that I have not interviewed Islamic scholars or used a methodology that would allow me to extract directly what Islamic psychology is from the Quran and *Sunnah*. Instead, I decided to ask practitioners and base my findings on clinical experience. There is a tension in this for me, and I think for my participants as well. I believe this is due to what I stated at the beginning of my methodology chapter, that is, as Muslims believe in 'one truth' and many of us pride ourselves on being part of a faith that has not changed in its core tenets (Ahmed,2014). However, there are many ways of practising Islam. Ahmed (2016) argued that Islam is often conceptualised as an 'object' which takes away from the complexity, variety and even at times contradictory ways in which Islam is practised in different societies and cultures. I think most Muslims, including myself, want to make sure that we reflect that orthodoxy that Islam prides itself on, whilst also acknowledging that to understand how knowledge is applied, there is a level of interpretation (Ahmed, 2014).

3.17 Faith led or child led

I felt that some participants wanted to make sure that I knew they were child-led and not just bringing in religion due to their own beliefs, but only bringing it in when they deemed it to be useful or when the child brought it into the room. This was particularly evident when I asked the question about what Islamic psychology interventions they used. I noticed that I had to further clarify what I meant by 'intervention', as participants would commonly respond in confusion about what I meant by an intervention. I felt that this was, at times, understood by some participants as being contrary to being person-centred and imposing their views onto the child. However, other participants were very comfortable with the questions and would explicitly inform me about interventions they have used. I also wondered about the impact of

Islamophobia and not wanting to be seen as ‘forcing’ Islam onto young children, especially within the UK context.

This conundrum forced me to re-examine my understanding of what it means to use Islamic psychology in one’s work. I realised that I came into this study with my own biases, so that using the word ‘interventions’ reflects my experience working with adults and the Islamic psychology course I attended, which focused on working with adults. But I soon realised that when working with children, it’s not always about the explicit; it’s also about the implicit, the modelling, creativity, metaphor, stories, it is through these means that the therapist accesses the heart and the fitri state. There is a mixture of what might be seen as ‘directive’ work, but also there was a lot of non-directive skills that were going on in the background that the practitioners were engaging in.

3.18 To interview or not, that is the question

One of the challenges I faced during the recruitment process was how much to stick to the eligibility criteria. There were a few potential participants that I could have interviewed, but I decided against it. One of the participants was not a qualified therapist but had experience working with children using an Islamic therapeutic approach, and another was a qualified therapist but had not done an Islamic psychology course. In both scenarios, I was left feeling guilty for not including them and questioned myself about whether I was being too strict in my criteria. I felt stuck between my fear that I would not get enough data and my desire that make sure that this study was trustworthy. I felt that for the research to be of high quality, the participants had to share some key similarities. At the same time, I felt uneasy about this because of my Islamic epistemological stance. Particularly with the first example, I was aware that I was using Western professional standards within my eligibility criteria by using British professional standards of what makes someone a therapist as a way of judging if someone has experience practising an Islamically integrative therapy.

In the process of holding the tension between these two positions, I became more aware of my own positioning: that I am also a product of Western training, and I am currently training to be

a qualified psychologist, and therefore, I believe in the importance of formal training. I chose to train in this way rather than through doing a 'purely' Islamic counselling course for many reasons. In many ways, I have been indoctrinated into a Western psychology paradigm as I have completed my psychology A-levels, psychology BSc and Counselling MA in UK institutions. I have learnt about Western psychological theories, as much as I do not agree with everything, there are a lot of Western theories that I do believe in and practice. At the same time, I am a Muslim and Islam is the lens through which I live my life and therefore also impacts how I view psychology, which I believe is through a God-centred lens. I have to acknowledge that formal psychological training has provided me with the ability to conduct this research, and therefore, it makes sense that I also expected that from my participants.

This dilemma highlighted the issue of regulation within the counselling and Islamic psychology fields. In the UK, counselling is not a regulated profession; therefore, technically, anyone can call themselves a counsellor. (CPCAB,2024). Likewise, there is no consensus on what makes someone an Islamic psychologist/counsellor. This made it challenging for me as a researcher when deciding who to interview, especially with the challenging time constraints that I faced as a doctoral researcher. Therefore, I relied on the criteria of the formal therapeutic training programmes as a benchmark. There are probably many people doing therapeutic work that they believe is aligned with Islamic values with children, especially within educational settings, who are not qualified therapists. Likewise, there will be qualified therapists who have not completed an Islamic psychology course but, using their Islamic knowledge, have been able to use an Islamic psychological approach. This study will not be able to capture all this, but I feel it is important to acknowledge that many people sit outside these formal structures.

3.19 Islamic ontological paradigm

Shaikh (2023), reflecting on her own experiences as a Muslim researcher in the UK conducting her PhD in health psychology, developed a model to serve as an Islamic ontological centring paradigm that could be used in psychology and psychotherapy. This model is composed of 11

interconnected points, I used this model as a guide throughout my research process, to inform how I incorporated an Islamic ontological lens. The 11 points are below :

- **Taqwa: God consciousness**
- **Awareness of fitra (innate disposition) state of self and others and where we are in line with that: embodying the research process.**
- **Dhikr and fikr: consistent state of reflection, contemplation, consideration and critical thinking.**
- **Connection to ‘wahy; (revealed knowledge) and fitra (innate instinctive knowledge)**
- **Striving towards the implementation of the 11 prophetic leadership qualities as a researcher**
- **Employing Ihsan (excellence) at every stage of the research and knowledge production process especially in ensuring rigour and quality.**
- **Honour and centring Qur’an, Hadith and Islamic tradition-based knowledge in the analysis and interpretation of phenomena and human behaviour.**
- **Choosing a method that aligns with and compliments an Islamic conceptualisation of research e.g., RTA, narrative and others**
- **Awareness of social, historical, psychological, emotional, cultural, colonial, and political affects in the research process and analysis.**
- **Ensuring justice through all stages of the research process through the concept of balance ‘mizan’ (balance).**
- **Honouring and centring the voices and experiences of Muslims’ and Muslims’ ways of knowing, experience, insights and theories.**

Shaikh 2023, p. 275

This next section will highlight my process of using the model and my reflections. Being God conscious throughout this research process has been very important to me and has impacted the decisions I have made throughout this research process. Starting from when I was choosing my research topic, I wanted to choose something that not only I was passionate about but also something that I felt was going to be beneficial for the Muslim community. Ultimately, as a Muslim, anything can be a form of worship if one has the right intention. Therefore, I have been conscious to try my best to keep my intentions pure and remind myself that this research is not just about me becoming a psychologist, but how this research can help me to become a better Muslim and a better person.

Embodying the spirit of *Ihsan*, means that I am aware that this study is not just my doctoral research, but it is also a form of *amanah* that I will be asked about by Allah. I will be marked and evaluated in a worldly sense, but also in a spiritual sense. This also includes striving towards implementing the 11 PLQ's (Prophetic Leadership Qualities), which are: Integrity, Holistic justice, Spiritual Intelligence, Competence, Courage, Compassion, Servant Leadership, Practical wisdom, Resilience, Pragmatic Decisiveness, and Vision (Al-Azami, 2019). I believed I showed some of these qualities through being transparent with all the people I engaged with throughout the research process, from the process of seeking and gaining ethical approval, to engaging potential participants, in addition to providing the option of member checking.

In addition, I used reflective journaling as a tool to help me check in with myself and my intentions throughout the research process. Within my analysis, my core category was about the *fitrah*, this made me think a lot about my *fitrah* and how aligned (or not) I was with my *fitrah* state. At times, I found it difficult to remain connected to the goal of my research. A lot of insecurities would take over, my worries about the research being 'good enough'. However, knowing that I can always redirect the compass back through remembering God and remembering my purpose has been helpful.

In terms of choosing a methodology that aligns with an Islamic conceptualisation, initially I was torn between reflexive thematic analysis and grounded theory. I liked the simplicity of the thematic analysis and its atheoretical epistemology. However, I wanted a method to guide me

to transform the data into a theory, therefore, I decided to choose grounded theory. There are many grounded theory approaches, with each of them coming from its epistemology from positivist, interpretivism and constructivist (Sebastian, 2019). Yet none of these approaches acknowledge a religious, let alone an Islamic understanding of the research.

I needed a grounded theory that was flexible enough to accommodate an Islamic world view. I chose constructivist grounded theory because of the flexible guidelines and non-prescriptive approach. It allows the researcher to be able to choose which tools are useful to the study (Charmaz, 2014). I believe I was able to state my stance that I am, first, grounded in an Islamic epistemology and that I share with my participants that Islam is the truth. But at the same time, I do not believe that this study can completely ascertain that truth; therefore, in that respect, there is a social construction that occurs.

This study does not shy away from the fact that it takes an insider perspective. As a Muslim researcher, one of the aims of this study was to centre Muslim ways of knowing. I did this through centring Muslim theorists such as Al-Ghazali and other prominent Muslim contributors to psychology. In addition, I used contemporary Islamic psychology models as my primary way of understanding the data in my analysis and discussion of the literature. In my introduction and literature review, I highlighted the social-historical context of modern Western psychology and Islamic psychology. I have also contextualised the analysis within the socio-political context of Muslims in the UK. The psychology of Muslim children cannot be divorced from their context. Likewise, the way Muslim therapists practice Islamic psychology is also influenced by their environment.

I also made sure to honour and centre the Quran, *sunnah* and Islamic tradition throughout my analysis. Through highlighting quotes from participants when they referred to certain ayahs in the Quran and when they used Islamic terminology. I have also tried to use Islamic terminology throughout this thesis, to honour the fact that these are unique concepts that have specific meaning in Arabic. However, this has been challenging to do, as I am aware that I am conducting this research within a Western academic institution. Therefore, I am aware that these terms are likely to be foreign concepts to non-Muslim readers. Making sure that the

paper is understandable to non-Muslim audiences whilst also maintaining the integrity of an Islamic worldview has been challenging. In addition, I am also aware that, as someone who does not speak Arabic, there is a lot of literature within the Islamic psychology corpus that I would not have had access to which may have shed a different light on my analysis and discussion, as well as the fact that my research supervisors were not experts in Islamic psychology methodologies and theories. Therefore, I did make sure to speak to people I knew in the field whenever I had questions specifically related to Islamic psychology.

The next section will focus on ethical issues within the research.

3.20 Ethical Considerations

The research complied with BPS Code of Human Research Ethics (2021) and HCPC Standards of conduct, performance and ethics (2016). The University of Manchester School of Environment, Education and Development approved the research. The participants were given an information sheet and had an opportunity to ask any questions they might have (see Appendix A).

Participants were informed that their data would be kept confidential and would only be shared with the researcher and supervisor. Confidentiality would only be broken in extremely rare cases, for example, where a participant reports criminal activity or raises significant safeguarding concerns. Participants gave informed consent before the interview and were informed that they had the opportunity to withdraw (see Appendix B). However, once the data is anonymised and forms part of the dataset, it will not be possible to remove my data. This information was put in the consent form. The data was anonymised and stored securely in encrypted files.

3.21 Confidentiality

The main ethical issue I came across within this research is the issue of confidentiality. As I stated in my earlier reflection, as an insider researcher, I am aware of how small the Islamic psychology world is, particularly in the UK. There are a handful of institutions teaching Islamic

psychology courses and a small number of organisations that offer an Islamic psychological approach to therapy. In addition, the participants of this study are even more niche due to their experience working with children under 12.

Tolich (2004) named this phenomenon internal confidentiality, when participants could be identified by other insiders. One of my participants was conscious of this and informed me exactly what they wanted me to write in the Islamic psychology training box in participants' demographics, as they wanted to ensure they were not identifiable. This brought the issue of internal confidentiality to my attention, which I had not considered during the research proposal. Originally, I asked the participants for their age in the demographic questionnaire. However, I decided to remove potentially identifiable information such as age and reduce any other identifiable pieces of information from the demographic table. I also asked participants to choose their pseudonyms, which many did; this gave them the autonomy in choosing a name they felt most comfortable with.

At the time of recruitment, I was doing my placement in one of these organisations. My supervisor encouraged me to explain my project during a team meeting. I was aware that due to the familiar relationship, there was a risk of implicit coercion. Therefore, I made sure to explain the intentions of my presentation, which was to inform the team of my dual role as a trainee counselling psychologist and a researcher. I explained to the team what my research aims were, whilst also making it clear that participation in the research was voluntary. I also tried to reduce this risk of coercion by asking the team administrator to send out an email rather than I did, to everyone in the organisation, so that potential participants could feel more able to decide for themselves if they wanted to participate.

3.22 Informed consent

During the pre-interview stage, I received some questions about why I decided to do a study in this topic area and particularly if there were any conflicts of interest. I believe this was due to two reasons, firstly, as I previously mentioned, my affiliation with an organisation that provides Islamic psychological services. Secondly, I also stated in my information sheet that I am receiving funding for my fees from the National Zakat Foundation (NZF). I realised that it was

important for me to make clear that although my fees are funded by NZF, there was no agreement between NZF and me regarding my research topic. Therefore, the research findings are not meant to inform any of NZF's organisational decisions. However, I did state that the NZF funding certainly did have an influence, making sure I chose a research topic that I believe would have a positive impact on the Muslim community.

3.23 Chapter Summary

This chapter first presents an Islamic epistemological and ontological framework methodology adopted in the present study. The methods used to gather the data were then outlined and explained. A background of grounded theory was provided, as well as a rationale as to why a constructivist grounded theory was deemed the best fit. A detailed view of the grounded theory procedure, as well as examples from the study, was provided. The chapter also included reflexivity of the research process, as well as ethical issues relevant to this study were outlined.

4.1 Analysis

This chapter intends to outline the analysis of this study. A reminder of the research question for this study is the following:

How do Muslim therapists use an Islamically integrated psychotherapy to inform their work with young Muslim children?

An analysis of data collected from 8 participants about their experience providing an Islamically integrative psychotherapy whilst working with young children will be presented. The analysis produced one core category (*staying on the fitrah*) and five higher-order categories, and 11 lower-order categories. Participants discussed the various ways they understood their role and the various ways they directly or indirectly worked within an Islamic framework. This chapter will provide an overview of the analysis, then describe each category and provide evidence of how they are grounded in the data using direct quotes from different participants. These categories have also been presented diagrammatically. Figure six, shows how all the categories are connected to the core category. Figure seven represents higher-order categories and Figure eight illustrates how the overall theory is connected to the lifespan within an Islamic perspective.

4.2 Overview of the analysis

A summary of the analysis shall first be given in the form of a storyline. A storyline is a technique that is used in grounded theory analysis as a method to bring together the different categories of analysis into a coherent narrative (Birk et al., 2009; Corbin & Strauss, 1990). It produces a story that reflects the construction and integration of how the various categories form an overall theory (Birk et al., 2009).

- All children are born upon the *fitrah*, meaning that they are born with a pure soul that wants to connect to God. This means that their hearts are more open than adults, therefore, it is 'easier' to access their true spirit.
- The therapist can access the child's inner world/*fitri* state, through play, creativity, stories and metaphor. It is important that the therapist meets the child on their level and adapts themselves to the child's developmental stage. This means a child-centred approach is critical, and religion is only explicitly brought in when the child is ready.
- However, as the child begins to grow, they begin to construct their sense of self from their environment. This means that the *fitrah* can start to become corrupted by external forces.
- It is primarily the role of the parents to do their best to keep the child on the *fitrah*. Through building upon the *fitrah* by providing their children with an understanding of who Allah is, and through showing children love and care. The role of the therapist is to help parents and children stay connected and repair any ruptures and unhelpful beliefs impacting the family unit.
- Even though a child-centred approach was indicated to be important, many participants equally felt that it was important to start laying the foundation for adulthood. Due to the external factors impacting the *fitrah*, it is important for therapists to help children develop good character, helping the child form their own relationship with Allah and starting the preparation for puberty, where they will become accountable.
- The therapist needs to trust in Allah and understand that healing comes from Allah and not themselves. They need to reflect on the manners of the Prophet (saw) as a model of how to treat children with kindness and compassion. They also need to use their role and position to advocate for Muslim children and families, especially within Western secular society where Muslims are minoritised and Islamophobia can make it difficult for the needs of Muslim families to be heard.

Figure 6

Higher order and lower order categories

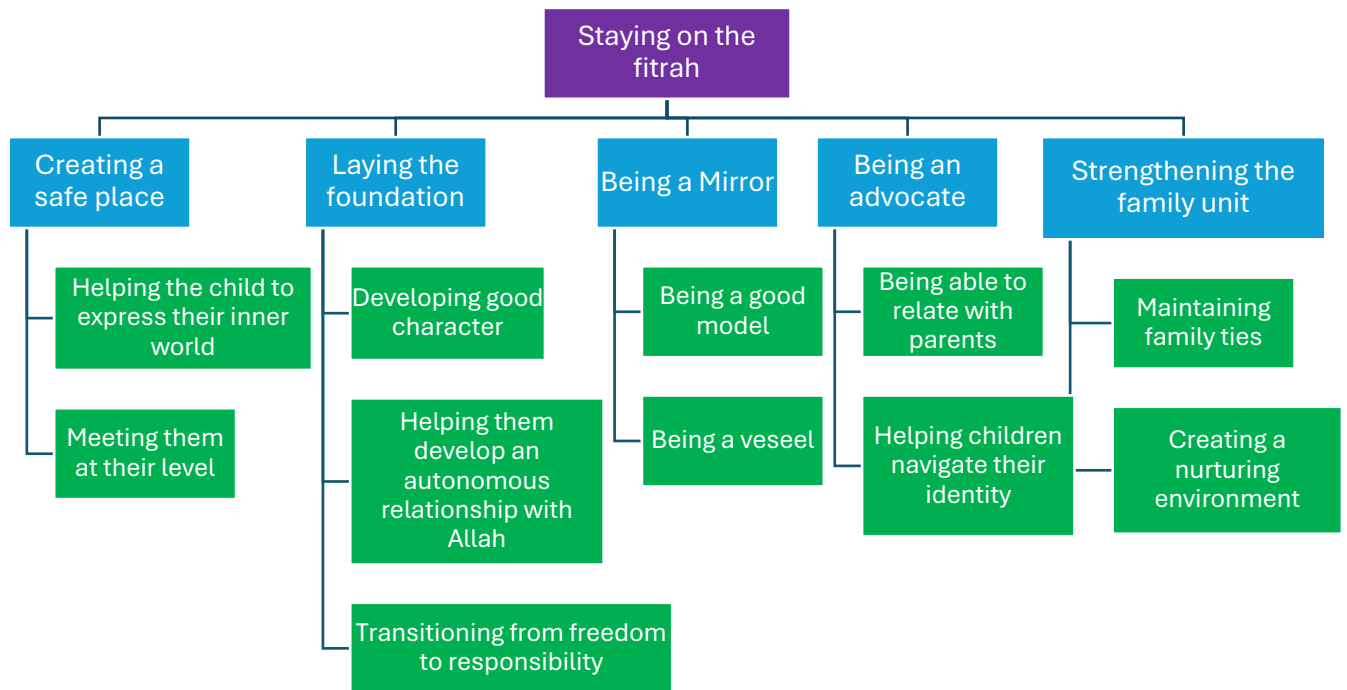


Figure 7

Connection between core category and other categories

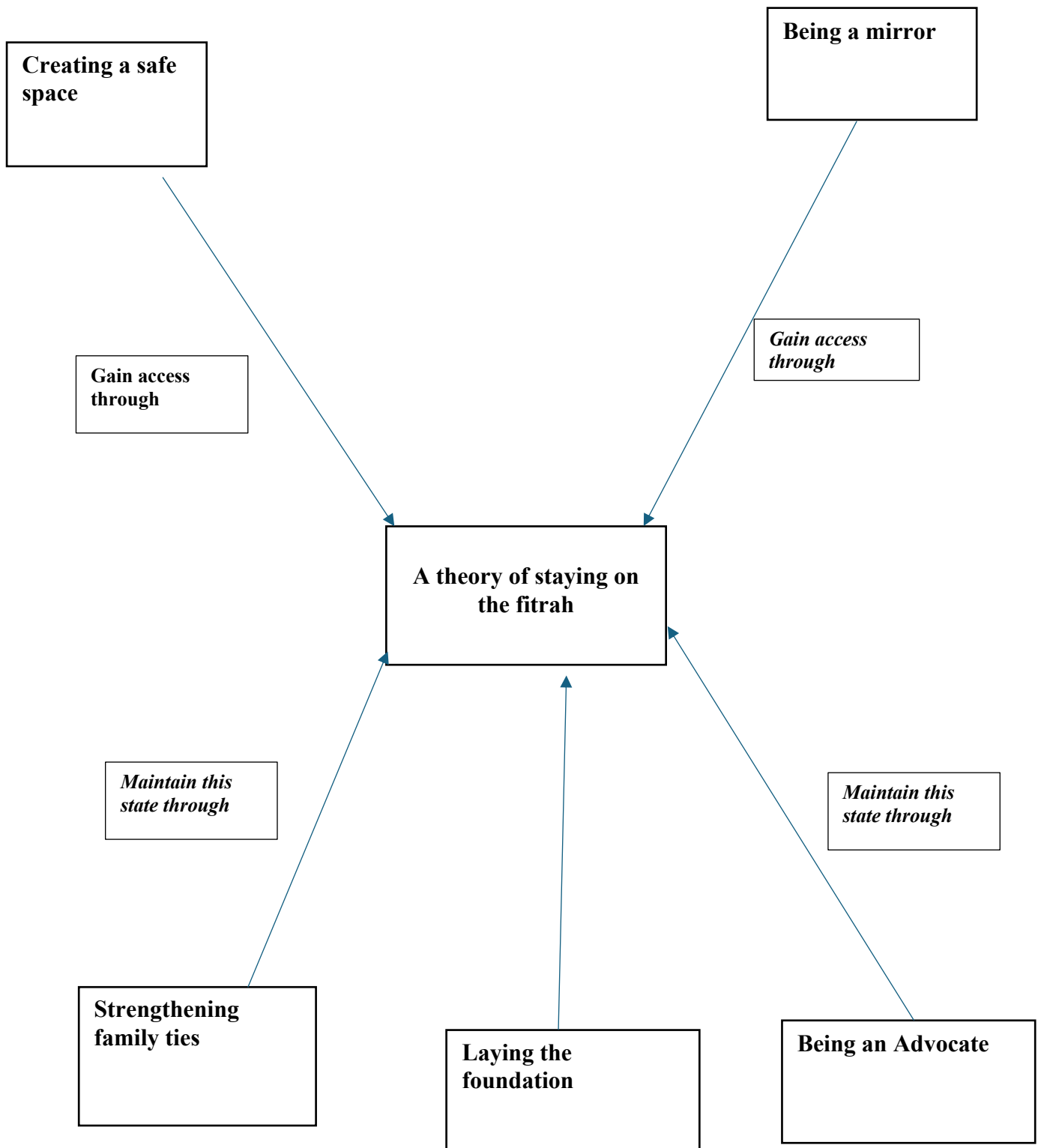
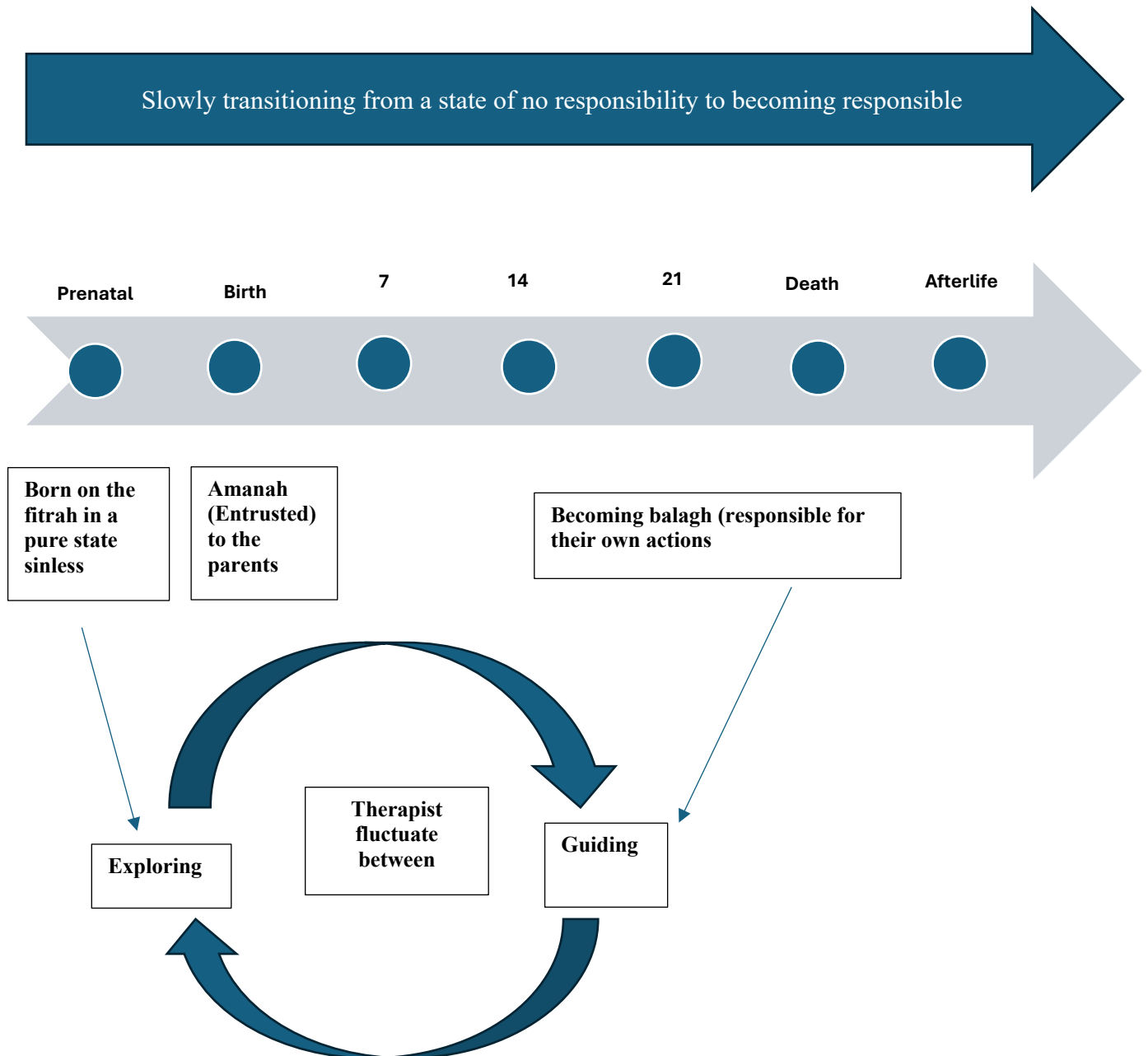


Figure 8

Islamic life span of development



4.3 Core category

Staying on the fitrah was chosen as the core category, due to its relationship with all other categories, explanatory power, and its link with existing theory (Böhm, 2004; Payne, 2007). Out of all the concepts within the Islamic psychology literature, the concept of the fitrah was the most highly referenced by participants. The fitrah refers to the belief that all human beings are born with a natural predisposition to want to worship God (Haque 2018; Rothman & Coyle, 2018). This means that children are understood to be born in a pure state that naturally inclines towards goodness (Rothman & Coyle, 2018).

The fitrah was described in varying and similar ways by the participants, with different participants stating the qualities of the fitrah that they believed to be relevant in working with children. Aaliyah described one of the qualities of the fitrah and states that children have a special connection with the fitrah compared to adults.

Fitrah it's innate it's not something that we have to kind of create and children are very much in contact with their Fitrah

This was also corroborated by other participants, such as Abdulrahman, he references a part of surah Al-A'raf, verse 172, in which Allah asks all human beings, "Am I not your lord" ? (The Qur'an, 2004). He provides evidence of the genesis of the fitrah from an Islamic perspective and how it contributes to a spiritual predisposition within human beings.

Yes, yes I mean it's aah fitrah is you know hmm the idea of fitrah is that we have experienced before coming into the world according to this idea of fitrah and what's in the Quran that we've had a direct experience of Allah (swt) we've had that alastu bi Rabbikum moment you know so

our hearts are imprinted with that fitrah in a general sense we all that's why we want we have a desire to worship Allah (swt)

Haroon also refers to this characteristic of the fitrah, as something that has been placed in human beings before, we were even born:

I guess it's that inner part of the self which a higher power however you wanna name it and hmm yeah that hmm I guess yeah part of us that's connected to God I would say that's my very brief sort of understanding of it something that's kind off you know primordial in nature

Maymuna gives her unique description of the fitrah and provides an insight into how she would describe this to a child she is working with. Perhaps therapy is a means to provide an environment where the child can reconnect with their fitrah.

I mean not even, it doesn't even have to be hmm from like an Islamic point of view every child is born with their own their own fitrat with their own personality and its .. I've used this explanation with the children as well it's like you know when you, something is created or born it has you know, I sort off what do I normally use as a as an example, a white ball a completely white ball, a completely white ball its clear, it's pure and that's who you're as your born as

Participants also explained what is different about working with a child compared to an adult. Zubeda states that it is 'easier' to access who they are. There is a sense that their fitrah is closer to their primordial state than an adult's. Therefore, it is closer to its pure essence. Zubeda uses an Islamic psychological understanding of the heart to describe where to access that pure essence and suggests that it is much more accessible for the therapist to connect to than with an adult.

a child I can access them they work quick, they're real once you access them the realness is just there and you see their personality yeah they're right they're very accepting in their heart they want good, they want to be good even if they come in as like hmm hard kids you get a sense you know you can sometimes get a sense that yeah they're even if they're going through difficult stages and you can access the child heart hmm the state of the qalb

Abdulrahman also highlights this quality, there is a sense that in working with children, there are fewer barriers, fewer defences.

maybe as you get older we become stuck in our ways or maybe there's more hmm there can be more the fitrah, in fitrah terms you know the younger the more the more closer in touch they are with their fitrah in the sense that it hasn't been clouded but as we get older...

However, this is not static; participants also describe the transformation that takes place over time. Abdulrahman states that as a child develops, their fitrah slowly starts to shift from a more internalised, unified state to something more external. He combines this with a Western psychological understanding, through using the example of depth psychology and language development. He explains that a child goes from non-verbal to a verbal state where they can communicate their needs to others; likewise, to develop, the child must go from that undifferentiated fitri state to attaching to others outside themselves. This suggests that although children are deemed to be closer to their fitrah, it becomes more covered/distanced as they develop into adolescence.

but you know as the child is born on state of fitrah but as they grow older even psychologically hmm one of our teachers told us you know as well in depth psychology and self-psychology they talk when around the same time as language acquisition that the child begins to attach significance to the to things outside they're able to distinguish themselves hmm and their outside environment and then becomes rather than a kind of a unified experience of fitrah they connect to their mother in a way that they can the separation that takes place and then

those attributes of arahman (The most merciful) all these things are attached to caregivers and the world and means within the world and then that's what we do until we reach kind off hmm adulthood

Maymuna uses person-centred language through the metaphor of paint to explain that the external values placed on the child slowly begin to shape the child's sense of self therefore, the pure state slowly becomes tainted.

and then as you grow older you put things on it so might dash a bit of blue you know paint on it and that's you know introjected values, you might splash a bit a red on it that's your conditions of worth you know

Rumaysah uses the metaphor of stains to acknowledge the role of trauma and adverse childhood experiences on the heart and this pure fitri state. Perhaps it is the role of the therapist to help the child to remove any stains that have temporarily covered the heart. She describes the heart as dynamic, therefore, there is always that hope.

the idea of the things that aah the little not stains is the wrong word I've forgotten the arabic word but the things that can get in the way of aah what is the word, that can get in the way of the heart really recognising Allah what is hmm so but those are not permanent those can be removed they may build up but they are not permanent so I think there's something about the idea of hmm that we're not fixed we're not fixed in one way of being it's dynamic

Participants described the fitrah as the spiritual state that human beings are born with that inclines them towards God. Children are viewed as being closer to this state than adults. This means the therapist can access this state in children more easily than in adults. However, as children get older, they move away from this state due to individualisation, but also due to

absorbing external expectations as well as certain traumas. The spiritual heart, qalb seems to be a place in the psyche where the closeness to the fitrah is manifested.

4.4 Creating a safe space

This category is about how therapists create a therapeutic space that allows the child to feel comfortable expressing themselves. As well as adapting to the developmental stage that the child is at through communicating in their language, creating a safe space is also about not imposing religious beliefs on the child, but allowing the child to express their spirituality in their own way. Through creating a safe space, the therapists can gain access to their fitri state. This category contains two sub-categories called Helping a child express their inner world and Meeting them at their level.

4.5 Helping them express their inner world

This sub-category is about the therapist adapting to the developmental stage of the child by helping them express themselves through creativity using stories, metaphors and play. Abdullah describes that children are connected to the spiritual realm, but to connect with it you have to communicate via a medium, as they may have not yet developed the language to be able to express themselves.

*So I think from very early on children connect with the idea of something metaphysical and children recognise they might not have language so calling it metaphysical isn't gonna work
hmm one way is to kinda off make it practical i.e. drawing*

Tahira talks about the importance of using metaphor, and that the Quran in of itself is written in a metaphoric format. She is thereby grounding her use of creativity within an Islamic paradigm.

so even you know looking at it from an Islamic, even though I'm trained as an Islamic therapist even from an Islamic, creativity is in that transcript of the, the way the Quran is written is creatively written it's understood so it's through the metaphor ..it's written if you read the transcript hmm translation of it the communication from hmm as a Muslim therapist from Allah is through the metaphor, how is it that it can't be, you can't integrate that into your work how can you secularize that ?

Abdul Rahman describes using stories from the Quran that are relatable to the children's experiences. This helps them transform their experience into a story or cartoon as a way of communicating what they are feeling.

hmm so those are I mean there's I'm trying to think off practical examples that I've used I mean storyboarding is, might be one you know like for example they might talk about their particular experience and put it into a cartoon or a storyboard and then you could relate that story you know a story in the Quran and you elicit that from them it has to be meaningful for them and usually they have certain stories that they like or maybe that they may be drawn too and you can use that as a metaphor for their own lives so it becomes more meaningful

Aaliyah describes how she uses the sand tray to help children express their inner world, as play can represent a form of communication of past traumatic events.

Yeah, so if I, ok so an intervention that I, I find the sand tray very powerful which I tend to use often and an example might be with a child playing through the sand play based on their traumatic experiences at points they could be quite aggressive towards themselves and that is a metaphoric conversation around what's happening in their internal world

However, another therapist, Zubeda, believed that her role was to focus more on the here and now. As children are still developing, her role is to be with them in the here and now rather than to focus on the past or on the future.

Their still developing so I can't say there is anything that we've worked on now that I expect that they will still have it in a year's time what I do say to the children is you know I'm here whenever you struggle come back because I do feel like they're very like alive with the situation it's based on the realness of right now they're not holding at that age their not holding onto childhood trauma it's not something that they come with

4.6 Meeting them at their level

This sub-category highlights the importance of the therapist adapting therapy to meet the child's developmental stage and the importance of being child-led. Maymuna states that it is not her role to change the child's worldview as they are still developing. She wants to facilitate an environment that allows the child to express their understanding of God rather than imposing her own beliefs. She placed more importance on the child understanding who they are, suggesting that through understanding themselves, they will naturally be drawn towards their fitrah.

I'm talking about 5- to 8-year-olds I wouldn't like to change what they feel their concept of god is until their old enough to really understand (hmm) cause I think it's more important for them to understand themselves and what they think it is rather than saying actually no that's wrong it's this. Hmm so you know really kind of knowing the like you said the developmental hmm what you know how that child is how much that child is developed or you know or how much a five year old should develop or you know understand these things so I think it's I think it's very important you know if you know a Muslim you know came to me and said to me god is the

clouds that we see I'm right ok yeah is that what you think ok I would I wouldn't question that or correct that

Zubeda also states that she allows the child to express themselves in any way they see fit. There is a sense that the child will naturally be drawn to whatever they need without the need for the therapist to impose their view. Zubeda states clearly that she does not adapt the therapy but rather she adapts herself, that is, she allows herself to be flexible enough to be used by the child.

How I adapt the therapy well I don't, I put the resources that are available I give them choice but that means that I'm not assessing their ability and I'm not saying that their communication level should be at a certain level because they can communicate through using a dolls house so building something but that doesn't mean that an older child wouldn't use that and I think it's very free flowing so I can't say ...I adapt it I think they need to reach out and use what they need to and maybe it's the way that I allow myself to work with that, that's how I adapt myself, I adapt myself not the resources

When asked about the use of Islamic approaches within therapy, Zubeda clearly states that she does not bring Islam directly into the therapeutic environment

See I've got to say Kawthar I don't actually go in with many Islamic approaches with the younger children unless they bring it in, because a child is a child whether from a Muslim non-Muslim

Similarly, Tahira also states that she collaborates with this and suggests that it's her role to work indirectly with Islam, perhaps by working on herself rather than bringing this to the child.

Hmm with children I don't tend to directly discuss particularly with 12 and under I wouldn't tend to discuss it would be more me doing the clinical work of the Islamic psychology

Rumaysah gave an example from her clinical work of being in a tricky position of understanding the benefits of important values such as patience from a religious perspective whilst also keeping in mind that children can adopt these values on a surface level without being able to understand it is full meaning. Rumaysah implied that her primary role is helping children to express their inner world rather than simply adopting specific values.

But I wonder how much of that is something kind of virtuous to be encouraged kind of thing not that that's something we are in the business of doing and how much is pseudo adult actually how much of that is his father's voice... I almost find a pull to kind of wanting him to at least be able to voice the upset but I don't want to destroy his kind of towards patience and hope either because that's clearly helping him manage yet he's referred to me because he was getting intrusive thoughts

This category highlights the importance of working with children from a child-centred lens, through providing a space where they can express their inner world in a non-judgmental environment. The therapist facilitated this through helping children find different ways of expressing themselves.

4.7 Laying the foundation

This category highlights the role of the therapists in maintaining the state of the fitrah through laying the foundations for adulthood. This category describes how therapists consider an Islamic life span perspective and how that informs their clinical work. This category contains three sub-categories: transitioning from freedom to responsibility, helping them develop an autonomous relationship with Allah and developing good character.

4.8 Transitioning from freedom to responsibility

Therapists describe how they understand child development from an Islamic perspective. There is a sense that the child is free from responsibility and is allowed to be in this state of development and growth. This has a specific meaning within an Islamic paradigm; for example, Abdullah describes children as masoom, meaning they are free from spiritual responsibility and cannot be held accountable to fulfil acts of worship.

it's masoom I don't know if your technically allowed to call children masoom but I'm gonna use the word masoom but like the innocence like a child under the age of seven there is no responsibility for salah(prayer), there's no responsibility on them for sawm(fasting), there's no responsibility on them for zakat (charity) so all of those things they're free from them

Rumaysah links this state of not being held responsible as part of the protection that God gives children in Islam to allow them the space to learn

So my understanding is that hmm they're not held responsible or deliberate sort of aah what would be the word I'm trying to think of a way of phrasing it they're not responsible aah for their actions I guess so there's a protection so their learning in a way of course we are always all learning but they're not responsible for mistakes or missteps hmm or in the same way that adults are and that's a protection, so I suppose that's what I was thinking about hmm and that they are given protection in Islam

Abdulrahman refers to an Islamic understanding of development. He states that in Islam, children are not burdened with responsibility. Adulthood is defined through reaching a state of balagh, meaning that they are held accountable for their actions in contrast to children who are below that threshold (Sulaiman et al.,2014)

other differences obviously the idea off balagh, that they are balagh they have, there's an age of discernment in our tradition you know and that has different responsibilities, so you know before that age of discernment they don't have to worry themselves about those kind off responsibilities

Many therapists refer to specific age milestones in Islamic literature to highlight a transition in the therapeutic role from a solely play-based approach to incorporating guidance.

Abdullah

I was referring to the 7 to 14 approximation this is now where it's the teaching part of it giving them that solid foundation

Zubeda also references the same age ranges and states her reference

Imam Ali (RA) did say and it's a strong quote that play with them for the first seven years, then for the next seven I mean to guide them and implement

Abdulrahman refers to the same age milestones. He explains how this is translated in therapy. As the child gets older, the therapist's role also transitions as the child's developmental capabilities expand. Part of the therapist's role is to prepare children for the next stage of their development by helping them develop their emotional capacity.

Yeah it's an important question actually hmm I mean it's not so much my area of expertise but I think there is, we consider this in our Islamic approach as well you know there is a famous saying of that's attributed to Ali (RA) where he said hmm la ibuhun saban wa sahibun saban la ibuhun saban wa sahibun saban so that let them play for the first seven years play with them for seven years and then teach them for the next seven years and then sabibun saban and then be

their companion for the next seven years so there is there is an understanding of developmentally there are different approaches that are required when it comes to parenting or engaging, this is in reference to parenting but the same goes with therapy right

Abdulrahman uses the analogy of slowly introducing and teaching children acts of worship as a guide for how therapists can prepare children for the next stage of their development, through helping them develop their emotional capacity

and it helps I think developmentally I suppose a big part of tarbiyah is get you know from the Islamic approach is your kind off preparing them for maturity in many ways you know like for example gradually you would introduce prayer or fasting half a day or that kind of thing the same approach with therapy there is a kind off a gradually approach hmm a pre-emptive approach as well that you can use with children to prepare them for more intense emotions

Abdulrahman reflects the difficulties children face during this transition. The role of the therapist is to help children through their transition to becoming spiritually accountable.

Whereas after it's I find for the teenagers that I work with or even those that are younger that have matured it really hits them when they realise you know there's a world and I'm responsible and I think to pray and it's a heavy burden for some young people to realise that they are now adults you know and how they cope with that transition hmm or at least into adolescence it's having support around that is so important I think so they're about to navigate that

As well as understanding these stages of development within childhood, this was also linked to a wider life span. Rumaysah reflected on her experience working with an older child and framing their presenting issues as a segment of their life within a broader Islamic life span. This provides a frame of reference to understand psychological distress.

*hmm I think something came up quite recently it was about a timeline so in kind of western psychology your looking at birth till death whereas islamically we have a different paradigm so
hmm the young person I was working with was talking about it just the other day that it's not just sort of birth and antenatal and birth you know you're on the continuum the line of your life is from well before that until well after and doesn't finish at death so it creates a different perspective then to then think to about the challenges of life and what the purpose of being on this earth is hmm*

Therapists describe the importance of preparing children for adulthood and their change of status as adulthood starts from the age of puberty within the Islamic tradition. They transition from having no religious responsibility to a state of being held accountable. Therefore, the role of practitioners is to help children through this transition.

4.9 Helping them develop an autonomous relationship with Allah

Participants discussed the ways they helped children connect to their spirituality using a range of different methods. For example, when helping a child with bereavement, Tahira used the Islamic understanding of *Jannah* (paradise) to comfort the child.

for them to be able to say that they are going to jannah being able to explore that yeah what does that look like for you where are they, tell me a little bit more like you know, they could visualise it to be a lovely place so it gave them that peace it gave them that contentment that they were in a lovely place they were at peace, they were happy, you know that loss was just a separation for them

Aaliyah used stories from the Quran to help children gain strength through relating their struggles with the struggles of the prophets.

and to look for the wisdom in the story and so they can kind of ((hmm)) by articulating it, it gives them kind of an experience of you know they've suffered, they've had difficulty, and they can withdraw the strength from those stories and the wisdom from those stories which can help them

In addition to choosing specific prophets whose challenges match the current difficulties that the child is going through

so, it's kind of a transitional period if you like particularly when they are going into a secondary school to build that resilience and that trust that Allah they are not on their own Allah is going to be there for them and you know that story of the narrative of it changes their narrative from the story of Yusuf that Allah was there for him in every step of the way

Abdulrahman describes using an intervention that connects the mind, heart and soul. He quotes verse one of Surah Ash-Sharh, in which Allah describes opening the heart of the Prophet (saw) (The Qur'an, 2004). Abdulrahman uses this verse in therapy to help children connect experientially with Allah.

Like a mindfulness exercise but then focusing on his heart then hmm getting to listen to his as he it's kind of gradual you do it from different stages and then towards the end you focus on the breathing and the opening of the heart you use an ayah of the Quran for example like alam nashrah laka sadrak try to open the breast so to ground that breath with an ayah and then even visualising the light of Allah (swt) coming down going into heart and scanning your heart and your body, but your heart in particular and even saying for example as you breath you say Allah and you let that that dhikr kind of enter your heart

Haroon states that part of his role is correcting any negative associations the child has received about Islam that might obstruct their connection with God.

there's a lot of cognitive reframing that goes along that happens in my work like I do that from an Islamic perspective as well so to kinda off give a couple of examples which I wrote down Niyah is one's intention so I think going back to hmm one of our conversations before about some of the presentations that come up for children hmm you know when they get a negative thought and they're hearing all these things from their parents how it's bad how they're gonna hmm how they're sinning I think they internalise that quite a bit and I think part of my role as a you know psychologist is thinking about those thoughts and making a clear distinction about what is their intent and what's not their intent

Similarly, Maymuna also states that it is important for children to build their own relationship with God and help them understand the meaning behind religious rituals.

Yeah and too separate, separate that from Islam in that I don't want them to grow up with a negative attitude of Islam but I want them to be able to separate you know there relationship with Allah from as being more of a personal thing rather than you know it's hmm cause mum and dad tell me to do it, so are you really developing a relationship with Allah through your salah and if you're not why is that, what's going on in your mind when you're praying

However, not everyone agreed that this would have a long-term impact. Zubeda questions how much the therapeutic work can protect against the challenges of what might happen later on in their lives. That ultimately, children will have to develop their spiritual connection in adulthood.

I would think so obviously you don't know what is coming out at them innit all you can do is you can offer them something based on your awareness but alhamduillah you know as they get older they themselves will turn to Allah that's the key that they will learn based on who they are I'm not saying what I'm offering them is their approach and it's going to protect them but later on in life it's their submission to Allah but I don't bring that in earlier on

Part of laying the foundation is ensuring that children develop their own personal relationship with God. The therapist helps facilitate this through visualisation, Qur'anic stories, and breathwork. Some therapists also state that part of their role is to provide a corrective spiritual experience, whilst others question whether the therapeutic work will sustain the challenges of adulthood.

4.10 Developing good character

Participants described how they try to encourage the adoption of certain behaviours in the children they work with. They place a lot of importance on the state of the spiritual heart. The therapists teach children that their actions and environment can impact their well-being. This suggests that this is part of laying a foundation to help children develop into spiritually and morally conscious adults.

Abdulrahman provides an example of how he uses the concept of *tarbiyah* and Al-Ghazali's *muraqabah* approach to help children reflect on how to deal with challenges using an Islamic moral compass.

Getting them to work towards responsibility like if something goes wrong hmm you know if they make a mistake they can learn from it and then put it within an Islamic framework in the sense that ok maybe they have a friend, they didn't treat them well then you go back to the you know what are the foundations of relationships you know what do we base that upon what are the kind of qur'anic examples or the prophetic examples of good behaviour amongst friends how do you treat each other so grounded their experiences in those king of value laden examples within the tradition so they have a reference.

The development of the spiritual heart is also mentioned, and teaching children how their hearts are impacted by their actions. Aaliyah uses imagery of dark and white spots to

encourage good actions and behaviours. There is also the model of Prophet (saw) as a model for good behaviour which the child is orientated towards.

Yeah so, I use Al-Ghazali concepts of the heart you know the dark spots and the white spots when we do good actions to kind of really build the aah the character the good character so what the prophet (saw) wanted us to develop. So that concept also helps them to be compassionate not to be judgemental but also to become aware of their own actions so that they become a better person knowing that if they are good then they will develop a white spot in their heart

Similarly, Abdullah states the impact on the heart by quoting a saying from the Prophet Muhammad (saw), emphasising the importance of keeping the heart pure.

there's a piece of flesh in the body that if it is clean the body the person is clean and there are good and if it is black then then the person is in pain and is disjointed

Abdullah states that it is important to teach children the importance of nurturing their heart through good friendships. Linking one's environment and the state of the heart.

but to a degree it's also like you wanna connect with people that make you feel in here (pointing to the heart) friendships, your teaching friendship skills, friendship skills isn't just about you play that game I play that game let's play that game together that's the basis of friendships and then you build into something more metaphysical

He uses the metaphor of soil to describe how it is important to model to the child how one's environment can impact the soul. Providing a template that the child can rely on later

that when you're older what you model for the child it's the environment around you will muddy or soil your soul or beautify your soul ... depending on what aspect of it is your ruh and you say like it's that framework from which you can build upon later so then when your child is 10 or 12

The therapists spoke about moral values that they want to instil in children that is based in an Islamic paradigm. There is the notion that the therapist can help to plant the seeds that will grow unto form the character of the children they work with.

4.11 Being an advocate

This category is about the role of the Muslim therapists within the UK, working within a minoritised population. Participants spoke about using their professional role to help Muslim children be strong and proud of their identity within an often Islamophobic environment. In addition, understanding how discrimination and feelings of othering can create barriers that prevent parents from seeking support. This category comprises two subcategories that have been merged (*being able to relate with parents and helping children navigate their identity*).

Aaliyah states that she helped a child navigate their identity by connecting with prominent historical Muslim figures to counteract the dominance of Western-based knowledge. This gave the child pride in their Muslim identity.

I go into the 101 Muslim inventions for example I had a child who had very conflicting issues with Darwin theory and Islam so my work with him was about aah about Muslim scientists and what they have invented so when he became aware of those scientists and what they have you know those sciences were the foundation of the Western civilisation it changed him completely ((hmm)) given him identity and he became very proud of being a Muslim because he felt like he had a, a position in society whereas before it wasn't like that for him so he went the last day of school he went dressed up as bin Al-Haytham

Abdul Rahman similarly speaks of the importance of grounding children in their Muslim identity so they can be confident in who they are. Particularly more so as members of a minority religious group within a mainly secular society.

hmm because what's normative is going to be different from what they find in the Quran and what they find in their families when they step out they're going to see a different norm so that's really important to ground young children in their tradition so that they're confidently able to articulate why they are the way they are why their family is the way they are without feeling like they you know like their backward

Haroon speaks about how religion is viewed negatively in wider society; therefore, children will likely feel stuck between two cultures. Being raised as a Muslim whilst living in an environment that does not necessarily value religion.

so I think it gets quite complex I think I think yeah definitely issues about parenting hmm I think there's issues around what society tells our young Muslims about the religion never really tend to speak about strengths or the good that comes from the religion because there is a lot of that but I think that's another a probably study that needs to be done on why that is

Haroon also discusses how he uses his Muslim identity and professional status to advocate for children's and families' perspectives.

I think I see myself as an advocate for Muslim children and families I think when we think about children they're going through identity formation unfortunately their voice often gets lost in the process and I think hmm you know when I think about it from a parenting perspective I understand some of the concerns that parents have with their children cause I'm of the same belief hmm I have a similar school of thought to them but they're not able to kind off vocalise that in a way which is hmm is sensitive enough for the professionals to really process

Maymuna also states that as a visibly Muslim woman, she can be a representation to Muslim children of someone who belongs to the same faith

I think with the Muslim children hmm I think just even wearing the hijab and looking openly like a Muslim helps the children because they'll identify that I mean the amount of times I'm walking in the corridor and a child will come to me are you Muslim you know hmm you know and you're like yeah cause I'm and they're like oh wow someone whose going to understand hmm my point of view kind of thing

Rumaysah also states that she uses her Muslim identity to help children and families feel understood within a system that frequently misunderstands them.

yet the anxiety, the fear of kind of authorities is so real I underestimated it and hmm so there seemed to be something about and I'm not saying this is all Muslim families it's not you know hmm but you I've come across it again and again and again there's something about as being Muslim and their family knowing I'm Muslim that usually is helpful in that I'm not going to turn around and aah maybe misunderstand aa something faith related that they are trying to tell me or be judgemental or hmm kind reaching for the prevent button or something

Tahira, through her experience working within a school environment, stated that her Muslim identity increased accessibility of Muslims to the therapy service as they felt they would be understood. She could also provide a faith-based perspective.

I saw a lot of Muslim clients I was based in a school and due to the demographic it was a large Muslim population so I saw a lot of Muslim clients in a school setting. In fact I think prior to me being based in the school the therapist was a non-Muslim the evidence data was that more Muslim young people accessed the service because as once I took over because it was representation right...It allowed actually more Muslim clients to access the service because they were able to come into the space and talk about the bereavement but also as a Muslim they

*understood their where their bereaved had gone and what that meant and how they were
grieving from a faith based*

This category highlights the therapist's role in helping Muslim children navigate their identities within a Western and, at times, Islamophobic context. In addition, the importance of visibility in role modelling a positive image of Islam, which encourages Muslims to engage in therapy.

4.12 Being a mirror

This category is about the internal work the therapists must do to ensure they are a good mirror for the child to model. In this sense, the meaning of a mirror is that the therapists understand their role as merely holding a reflection; they are not the source of healing themselves. Ensuring they are good models enables them to connect with the child's fitrah. They must ensure they are constantly cleansing their hearts and incorporating their spiritual practice to keep themselves grounded. This comprises two sub-categories: being a vessel and being a good model.

4.13 Being a vessel

The sub-category being a vessel describes the importance of Muslim practitioners framing their healing work as coming from Allah rather than their therapeutic skill. Abdullah states that it is important to see himself as a means through which Allah has chosen to help someone. The healing does not come from him; it comes from Allah.

You are not the healer and whatever you do you must leave your ego at the door because the minute you bring your ego in with you khalas (finish) again you're not doing whatever you're

doing it's not Islamic you're doing something but it's not Islamic right and so if I enter the room and my intention is that I'm doing this, I'm helping, I'm the vessel and that's I'm nothing more than the vessel Allah is ashifa (the healer)

Similarly, Abdul Rahman states that it is important for him to trust Allah and that helps him through those moments when he does not know. This allows him to be a vessel and allow his spiritual intuition to lead him to what is best.

Letting go of the outcome and just being in the moment is what I mean... by putting that having that tawakul (trust) in Allah in those moments knowing that I don't need to do I just need to be...a lot the time and then also what's interesting is that, that being will led to doing anyway because it will, when you what I found is that when I'm truly present intuitively I will go to certain interventions that will feel right for the particular moment

Abdulrahman also states that as a Muslim practitioner, his faith is not separate from his professional identity. He must connect to his fitrah and nurture his soul to support his clients

it doesn't, it's not this kind of separation that exists it's just being Muslim you're specialising in your therapy but your also able to connect that to your fitrah, your relationships kind off this idea of tarbiyah and being in being in constant hmm and first of all practising these things yourself hmm and your own development when supporting clients, it was just connected to those things and it felt more holistic

Tahira also reminds herself of God in her work by remembering Allah's names. To tune into those divine attributes and embody some of those herself. She mentions *ya lateef* which means the subtle one, one who is gentle and kind towards others (myislam,2024).

So, I may not necessarily say it to the child but applying it to myself to understand the name ya Lateef, of kindness and gentleness is coming to mind.

Rumaysah also states that it is helpful to look beyond the therapy room and ask for God's healing. Remembering that she is only a vessel and it's all in Allah's hands.

I pray for my patients there's something there that's also beyond the continuum of just in the session because you can't help but be moved by them so... and maybe that's as much for my own benefit as anyone else and that it's helpful to feel that we're not, it's not all in our hands and to remember that yeah

4.14 Being a good model

This sub-category is about practitioners' understanding of their role as modellers. Practitioners spoke about modelling good behaviour to children. Many practitioners referenced the character of Prophet Muhammad (saw) as a model that they could emulate, using examples of how the Prophet (saw) showed mercy to children to guide their own behaviours as practitioners. Aaliyah reflects on an example of the empathy and kindness of the Prophet Mohammed (saw) and how it acts as a template for therapists.

Talking about the Prophet Mohammed (saw) about how he was with children and how he saw the things that were positive like for example the child who came to him with a bird who had died and he said to him what did he do and instead of the child being sad he started to think about what the singing the bird used to do and how the things that made him happy then he was smiling and remembering the good thing that the bird used to do hmm so in that way is the prophet as a model of being a psychotherapist

Abdulrahman reflects on the characteristics of the Prophet (saw) as someone who was attentive and attuned to the needs of children

There's also the adhab good manners I'll try as well to hold the adhab of the prophet (saw) in terms of how I do that with all my clients but with children you know maybe additionally really being kind off attentive and kind off how the prophet (saw) was with children really kind off lowering that wing of mercy and being interested and attentive to what they're saying so they feel comfortable

Abdulrahman states that an Islamic therapist is someone who works on themselves so they can be sound companions to their clients, which will enable them to influence their clients in a positive way.

Cause you know the prophet (saw) said you know a mirror is a brother to ..a brother is a mirror to his brother right when we are with each other we see ourselves so just being that mirror or you know in the Islamic therapy model they aah they refer to imam al-Ghazali who was a, he used the term rafik, rafik is like a sound companion an Islamic therapist is like a sound companion hmm and he accompanies that person whoever he's with you know, he's a sound kind off hmm representative of the faith of the spiritual tradition that can be a professional mirror let's say you know that he's that he's that he makes work to polish his mirror he works on himself or she so that they can shine the light of Allah (swt) into the hearts of the people that they see that's the role of the Islamic therapist

Rumaysah uses a similar word, Khalil (friend), to describe the therapeutic relationship as being alongside the client. However, she is critical of how applicable it is in the context of working with children as there is a power dynamic in the room.

And maybe it in some ways the word Khalil in some ways it's really helpful in other ways maybe it's a bit different because there is a power dynamic in therapy room so it's not just that you're alongside and we're both the same it's not but and I think that has to be acknowledged as well hmm cause it's often the way in which these things are expressed which show us something about the internal world isn't it and what they're taking from an adult

Maymuna and Tahira practitioners spoke about the importance of demonstrating nonjudgment and showing the child that they are trustworthy in order to build a strong therapeutic relationship.

Maymuna

yeah absolutely hmm you know the non-judgemental and unconditional positive regard I think hmm it's something that every Muslim should have obviously the non-judgemental only Allah can judge and that's kinda off self-explicit and unconditional positive regard you know always treat others how you would want to treat yourself

Tahira

It's about trust right the biggest one for children is about trust forming that trust with them first and foremost for any form of therapeutic space to be able to be hmm for any outcome to be achieved in the therapeutic space it's about forming that connection, forming that trust you know and in order to do that, that openness has to be there

This category reflects that it is important for practitioners to attribute their healing to Allah (swt) as a way of grounding themselves within the Islamic tradition. In addition, many practitioners spoke about using the example of the Prophet (saw) as a model of how they should be as therapists. Modelling empathy and positive self-regard enables the child to trust the therapist and build a good rapport.

4.15 Strengthening the family unit

This category is about the various ways in which practitioners worked with families and repaired family relationships. This was seen as essential to working with children. It comprises two sub-categories: maintaining family ties and creating a nurturing environment.

4.16 Maintaining family ties

Many practitioners discussed how they help families navigate and blend their cultural and religious values within the UK context. They use Islam as a base to encourage families to decide for themselves what values blend with their Islamic values and what cultural values they would like to let go of, suggesting that their role is to empower families to be able to make their own decisions rather than just following a generational script that might not be serving them. Abdullah makes reference to the questions parents have to ask themselves to decide what they want to include and exclude from their environment.

how might you go about raising a child in this environment, this environment being whatever your context is, so we get people to just kind of look at the world around them what are they happy with, what fits into their deen (religion) and what doesn't

Abdul Rahman discusses the importance of working with the whole family by understanding intergenerational family patterns, particularly how Islam has been taught.

Yeah hmm so I think I mean as also a systemic psychotherapist hmm you know they need to be working with the family hmm first of all to understand you know to get an understanding of what is the families expression of Islam how have those values been passed down , what are the important values Islamic values that are important to the family that they want to you know preserve and you know continue hmm so it's not just the conversation just between the therapist and the child but it's a family discussion.

Similarly, Abdulrahman states that it is important for children to be grounded in their tradition but also find themselves within their unique expression of Islam.

so I would definitely say broaden the discussion hmm and support the parents to support their children you know in a way that's congruent with who they're and their identity as a family and each family will be unique in that way and each person is unique Allah (swt) has created each of us with a particular temperament and a way and it's important to recognise that uniqueness within a family as well rather than you know this cookie cutter kind off type of therapy

Other practitioners discuss the importance from an Islamic perspective in maintaining family ties and trying to repair these ties as part of a more collectivist angle. Which can clash with a more Western individualistic world view when promoting a more collectivist viewpoint within a multi-disciplinary team

Haroon

I sometimes experience in hmm professional teams and sort of MDT discussion there's a family member that is considered to be part of the maintenance of the problem they're very quick to shun that person and try to hmm devalue that relationship and hmm essentially break ties.

Whereas I think from an Islamic psychology perspective we would probably think how we can repair that relationship

Rumaysah states the importance of children understanding their heritage and who they are as one of the rights of a child in Islam. Adoption was presented here as an example of how important it is for a child to maintain their connection to their birth family, even if they do not live with them.

like I notice with adoption for example it's really important in Islam that the child well is given their father's name for me that means is aware of their life story is aware that they are from biologically a different family and it's the right of child to know and for a long time in the west that wasn't you know there birth families and birth history was obliterated and not seen as relevant at all and so I think in many ways Islam in quite a deep way protects the rights of a child hmm on a level that is has been over looked hmm yeah. Now there is much more of an emphasis on life story work, something about protecting a heritage or a knowledge of a heritage even if it's difficult

4.17 Creating a nurturing environment

Practitioners spoke about helping parents create a healthy environment for their children. Many practitioners questioned parents' unhealthy thinking styles, which were causing tension within the family dynamic. Abdullah used the Islamic understanding of Amanah (entrust) to help parents reframe their understanding that their child was their property. From an Islamic worldview, children are a gift, a loan from God. He encouraged parents to think more carefully about their behaviours and how they parent.

there's this viewing of child, this came before I had this before the training anyway this viewing of your child as an amanah from Allah because you're responsible this child is not a kind off just a kind of thing that you have in life this is an amanah right Allah had blessed you and your family to have this this whole individual to and show this individual who Allah is, and do that by love and care and mercy

Abdullah also encouraged parents to model to their children that they are not the ultimate authority and do not have full control. Therefore, they should only apply those characteristics to God.

so the parent that says like it's my way it's my way what are you teaching your child that you must control it, it's not going to happen, finding out Allah's will in this, qadr (divine destiny) of Allah doesn't exist anymore you saying to this child if you don't do it it's not going to happen doesn't mean you don't attempt you try you always make the dua

Practitioners also spoke about the importance of parents conceptualising God in way that encourages children to have a relationship with Allah. They expressed how an overly negative portrayal of God being harmful to child's psychological health.

Haroon

God being a punishing figure I think absolutely that's gonna have an impact on someone's mental health hmm so you know leaving the sort of conceptualisation of god to one side I guess if you are hearing from a parent that god is gonna punish you and your committing sins and you're going to hell essentially that's what I tend to hear in clinic hmm they are going to internalise that to a certain extent

Abdullah questions the harsh parenting style and alludes to the importance of parents understanding the developmental stage that their child is at, as children cannot yet conceptualise abstract concepts.

Khala(aunty) what do you wanna do what have you tried have you told them they're going to burn in hell yeah, and it doesn't work cause it doesn't, why would it work, where is hell show me hell you can't you've allowed the world around this child is all in their head and pleasure and immediate gratification

Maymuna describes the impact of this parenting style as putting children in a position where they feel guilty and trapped.

and then there's you know the while kind of guilt over that if I do this my mum says I'm going to go to hell, I'm sinning and it's a lot for children isn't it to have this pressure of you know I don't like my mum if I be nasty to her I'm going to go to hell but if I'm not nasty to her then my life's miserable kind off thing so this almost caught in-between hmm themselves, their own fitrah, fitrah their own personality and their own selves and you know almost being blackmailed with Islam.

Rumaysah spoke of the challenge of working with faith. Although faith can be protective, it can also be defensive. She implied that certain understandings of religion within families can prevent open conversations about difficult topics. Rumaysah suggests that practitioners recognise this when working within an Islamic format.

So like those ideas about hmm appreciating patience for example in the face of suffering yet also trying to think about it as yes you know it can be protective and be defensive but all the things it can be as well something that is recommended to us in Islam.....I think it's helpful to sort of think about it being both protective and a defence and maybe unhelpful at times in

*different if relied on, on its own so without a kind of other things in place as well hmm other sort
of pillars of belief*

This category is about how practitioners help parents maintain a good family relationship. It highlights the importance of parents learning to understand their children's unique attributes and the importance of parents positively conveying Islam.

4.18 Chapter Summary

This chapter outlines the grounded theory analysis of how Muslim therapists working with Muslim children use an Islamically integrative approach. Firstly, a summary of the whole analysis is outlined using the storyline method alongside accompanying diagrams and tables. Then, the core category of *staying on the fitrah* is described in addition to the five higher-order categories and 11 lower-order categories using quotes from interview extracts.

5.1 Discussion

The research question for this study was the following:

How do Muslim therapists use an Islamically integrated psychotherapy to inform their work with young Muslim children?

The aim of this study was to understand how Muslim therapists work with Muslim children in clinical practice. The study sought to understand how Muslim therapists integrate Western and Islamic psychology approaches. Additionally, it aimed to investigate whether there are specific aspects of the Islamic model that are more relevant when working with young children compared to adults, as well as any interventions used.

This chapter will provide an interpretation of the analysis, situate the study within the research literature, and highlight novel contributions. This will be presented by first examining the core category that was constructed, namely, staying on the fitrah, followed by the higher-order categories: creating a safe place, laying the foundation, being a mirror, being an advocate, and strengthening the family unit. This chapter will also discuss the clinical and theoretical implications of the results. Lastly, it will outline recommendations for how the results can be applied to the fields of counselling, psychology, and Islamic psychology.

5.2 Staying on the fitrah

The core category of staying on the fitrah can be understood as representing the essence of working with children from an Islamic perspective. The fitrah is described as a “God given innate state or inclination to believe in God and to worship him. It can also be translated as original purity or primordial faith - an ontological state that disposes the individual to the good and the lawful” (Mohamed, 1995, p. 2).

The findings of this study are supported by previous research. Rothman (2019), when asking Muslim therapists about what Islamic psychology is, noted that the concept of the *fitrah* was mentioned as central to an Islamic understanding of the self. All 18 participants in that study referenced this concept, just as the concept of the *fitrah* was mentioned by 7 out of the 8 participants in this study. In addition, this corroborates Rassool's (2023) claim that the concept of the *fitrah* is one of the core beliefs of a paradigm of Islamic psychology, further highlighting the importance of this concept.

The literature identifies that the *Ruh*, *Qalb*, *Aql*, and *Nafs* are common concepts cited in various models of Islamic psychology (Dharamsi & Maynard, 2011; Haque, 2004; Rothman 2019; Skinner 2019). In this study, participants mentioned the *Qalb* alongside the *fitrah* as the place where the *fitrah* is able to manifest in the psyche. This is similar to what Skinner (2019) proposed in his model of Islamic psychology, that the *Qalb* is the place where the awareness of God resides, containing the felt sense of the *fitrah*. This highlights that when working with children using an Islamic approach, the area of the self that is most important is the *Qalb*, as it is through the *Qalb* that the *fitrah* can be accessed.

Participants in my study described the *Qalb* of a child as different from the *Qalb* of an adult. The *Qalb* of a child is seen as purer, as it is closer to that primordial state than that of adults. This impacted the way therapists described their work with children. Zubeda mentioned that she could access the 'real' selves of children more quickly, perhaps because they are still in that stage of absorbing and learning; therefore, there is still a sense of openness. Even if there is trauma - a 'stain' on the heart as described by Rumaysah - it can be removed; it is not permanent. Similarly, Al-Ghazali (1995) stated that a person who is innocent and still in tune with their *fitrah* will respond more quickly to treatment. They only need a bit of encouragement compared to someone who has full knowledge of what is right and wrong but chooses to do wrong, as their bad habits are more deeply ingrained. This aligns with what one of the participants stated: when working with children from an Islamic perspective, there is a view that it is 'easier' to access the heart compared to working with an adult.

Within the study, participants described the fitrah within a traditional Islamic framework. Therapists also integrated their Islamic knowledge with theories of child development from different schools of psychotherapy to form a holistic understanding of child development. For example, using a person-centred lens, children are seen to initially experience the world as an integrated whole, seeing no difference between the experience of others and themselves. However, as a child gets older, certain experiences become 'self-experiences,' which are associated with their own sense of self. The child begins to internalise behaviours they see as positively regarded, creating conditions of worth (Cooper, 2013). Additionally, within the psychoanalytical school, Margaret Mahler proposed that children go through a stage of individuation where they realise that they are a separate being from their mother (Smith, 1999). These concepts illustrate the transition that infants undergo from a completely unified state, where they are aligned with their fitrah, to gradually perceiving themselves as individuals within a social sphere.

Therein lies the task of an Islamic integrative approach: as children develop, they may become more distanced from the fitri state. The therapist's role is to continually reorient them back so they can be attuned with their true spiritual selves. This core category illustrates a consensus among participants in this study regarding the significance of the fitrah as the foundational goal of therapy. Even when employing an integrative Islamic approach alongside Western therapies, the primary focus remains on connecting the child to their core spiritual essence. The therapist employs various methods both within and outside the therapy room, as represented by the higher-order categories.

5.3 Creating a safe space

This category represents one side of the coin in terms of how therapists described working with Muslim children. Firstly, the therapists explained their approach in a highly integrative manner, using a variety of person-centred, psychodynamic, play therapy, and Islamic approaches. There

was an understanding that children often need a medium to express their feelings; for example, they might use stories from the Quran, sand play, and drawing. The use of creativity was rooted in an Islamic paradigm. For example, Tahira explained that the Quran symbolises creativity and exemplifies how Allah communicates with human beings through metaphor, which underscores the role of creativity as an Islamic practice. Muslim children are often taught Qur'anic stories in madrasa and by their parents. These stories can serve as a means to connect to a collective history and offer a deep and rich source of psychological information (Malik, 2018; Scourfield et al., 2013).

To create a safe space, the therapists described the importance of being child-led. This meant that religion should only be explicitly brought into the room when and if the child introduces it. This child-led approach follows a person-centred, non-directive understanding of therapy. Axline (1969), a student of Carl Rogers who adapted the person-centred approach to working with children, stated that the therapist must not direct the therapy; they should follow the child's lead. The therapist should also accept the child fully and establish an environment where the child feels they can express themselves completely. This provides the right conditions for the actualising tendency to manifest. In person-centred theory, the actualising tendency represents the motivational force within all human beings toward growth. When one is in tune with their actualising tendency, they have the capacity to make their own decisions (Axline, 1969; Mearns & Thorne, 2007; Rogers, 2007).

This aligns with an Islamic understanding of the child. The core concept of staying on the fitrah provides a foundation for understanding that children are already close to the fitri state. Therefore, it is likely that some Muslim therapists interpret this to mean that there is no need to explicitly incorporate religion unless directed by the child. They believe that using a non-directive approach is the best way to create a safe, welcoming, and open environment that allows the child's authentic self to feel at ease, which, in turn, opens the heart to the fitrah. Within this study, therapists did not seem to express any tension between using a non-directive approach and their Islamic psychology training. This highlights Thani (2010) perspective that a

person-centred approach can be utilised alongside an Islamic framework within the context of an empathic, non-judgmental therapeutic relationship.

5.4 Laying the foundation

This category represents the other side of the coin, where therapists described working with children using a more directive and purposeful approach. There is an understanding that although children are born innocent, pure, and free of sin, this period in their lives is relatively short from an Islamic perspective, as adulthood begins with puberty (Tahir, 2015; Sulaiman et al., 2014). Some of the children participants described working with in this study would have been close to or may have already started puberty. Childhood is viewed as a time free from religious responsibility, serving as a phase of learning in preparation for adulthood. Participants referenced the common saying attributed to Ali Abi Talib (RA) that in the first seven years, one should play with children, and in the next seven years, one should teach them knowledge (Alkouatli, 2021). This was used to ground their approach in the importance of play and teaching within therapy, as well as possibly indicating a shift in therapeutic approach as children grow older, moving from a purely non-directive approach to incorporating some aspects of a directive approach.

Al-Ghazali (1995) described young children as having a pure heart; they are a “precious uncut jewel devoid of any form or carving, which will accept being cut into any shape and will be disposed according to the guidance it receives from others” (p.75). The therapists understood that they are part of the influence of the people around the child, which can contribute to the carving the ‘jewel’ into a shape that is in line with the fitrah. This involved the therapists helping the child to form their own relationship with Allah through helping the child to create a positive and loving view of God, understanding the meaning of acts of worship, using Quranic stories, and engaging in experiential exercises.

Nevertheless, there is a specific direction that therapists want the child to be inclined toward, which differs from a purely Western psychology approach in which the therapist does not adopt

a moralistic or religious stance. An Islamic approach, however, does take a moral viewpoint grounded in a specific moral framework set by the Quran and Sunnah (Rothman, 2019). Therefore, part of the therapist's role involves assisting the child in developing good character. This focus on development is linked to the concept of *tarbiyah*, which is about educating and nurturing children towards an Islamic worldview (Naseem & Ahmed 2024). The therapists achieve this by helping children understand the impact of positive and negative behaviours on their hearts.

This is similar to a concept Rothman (2019) highlighted in his model of Islamic psychology called *Tahdhib al-akhlaq* (reformation of character). He stated that part of the role of an Islamic therapist was to help their clients improve their character and realign it to the *fitrah*. This involved the therapists helping their clients move away from negative character traits and adopt more positive ones. However, there is a difference between what participants described in this study and the concept of *Tahdhib al-akhlaq*. The latter concept is linked with the idea that some negative traits have become embedded in one's character, which the therapist helps the client change; this is usually more present in adulthood. In contrast, the way the development of character was described in this study focuses more on teaching children how to nurture a good heart. This highlights the difference between how concepts from Islamic psychology are applied to children and how they are applied to adults.

However, one of the participants, Zubeda, offered a different perspective. She expressed scepticism about the extent of the therapeutic work's influence on the child's later faith. She indicated that as the child matures, they will need to embark on their own journey to find Allah. Perhaps this was Zubeda's way of illustrating the limits of her role as a therapist; specifically, that she is not accountable for what happens as the child grows older; her focus can only be on the here and now. Additionally, it may reflect a more Western influence of a person-centred approach. Both this and the previous category demonstrate how Muslim therapists oscillate between being directive and non-directive, with most participants integrating both styles into their practice.

5.5 Being an advocate

Therapists working with children typically operate within multiple systems, such as working with families, schools, and social and political systems. This category highlights how these systems influence Muslim therapists and their Muslim clients. Al-Murri and Childs-Fegredo (2023) stated that it is important for therapists to consider individuals within their context. Utilising models like Bronfenbrenner's ecological systems theory of child development can assist therapists in examining how various levels- from the nano to the micro, meso, exo, and macro systems- interact with a person's identity, crafting a unique experience of oppression and privilege. In this study, the interactions between the nano system (the child), micro system (family), and exo system (school system, government) were particularly significant.

Participants discussed how Muslim children are marginalised in societal practices and school systems. Rumaysah mentioned the Prevent policy, which is part of the UK government's counter-terrorism strategy. The aim of this policy is to prevent the radicalisation of vulnerable individuals, including children (Coppock & McGovern, 2014). Consequently, all public sector workers must be trained in supposedly identifying how to identify potential signs of future terrorist activities (Coppock & McGovern, 2014). The Prevent policy has faced significant criticism for reinforcing an Islamophobic narrative, as it positions young Muslim children as both potential suspects and those in need of rescue (Coppock & McGovern, 2014; Winter et al., 2022; Younis 2021b). Natural emotional and behavioural responses of Muslim children to distress are now perceived as potential risk factors for terrorist activity (Younis, 2021b). Muslim children who may be searching for answers about their identity or who feel oppressed or marginalised because of their Muslim identity are discouraged from expressing these feelings, as this is viewed as outside the norm, consequently seen as needing correction and treatment (Coppock & McGovern, 2014; Younis, 2021b).

The analysis indicated that Muslim parents feel more comfortable with a Muslim therapist compared to a non-Muslim therapist, as there is an assumption that a Muslim therapist will

have some understanding of the religion. This is no surprise, given the fear that being misunderstood can lead to a referral to Prevent. This highlights how policy and Islamophobia can create barriers for families seeking therapy.

The participants in this study were able to use their insight from belonging to Muslim communities themselves to understand how these contextual factors can impact the self-esteem of Muslim children. They were also able to use their professional privilege to give a voice to Muslim children and their communities. In order to promote social justice, it is important that therapists use advocacy skills to help their clients challenge institutional and social barriers that are affecting their well-being (Lee & Humphrey, 2023). One way therapists can advocate is by viewing change from a systemic perspective. Participants described doing this both directly and indirectly. For example, Haroon spoke about being able to understand the concerns that Muslim families have, and implied that with his professional background, he can translate those concerns in a way that is understood by professionals. Other participants, Tahira and Maymuna, discussed this by representing their Muslimness in school settings, such as wearing a headscarf. They suggested this triggered a higher number of referrals to the service from Muslim children, as they felt they had someone who understood them.

Seedat (2021) argued that one of the fundamentals of Islamic psychology should be epistemic freedom, which involves recognising that there are multiple ways of knowing. Thus, an epistemic intervention aims to disrupt the dominance of the Western Eurocentric knowledge base and highlight Muslim contributions to knowledge. This was exemplified in this category; for instance, Aaliyah spoke about helping a Muslim child gain more confidence in their Muslim identity by educating the child about the contributions of Muslim scientists. Therefore, part of the therapeutic work involved challenging the Eurocentric education that Muslim children receive. Reviving neglected historical figures served as a tool to help Muslim children build a positive sense of self. Mohr (2020) argued that a liberation psychology approach can be a means to transform internalised colonial narratives when working with Muslims facing

Islamophobia. Through the recovery of historical memory, individuals can attain a new understanding of themselves and their social identity.

The category of being an advocate also highlights how the impact of Islamophobia affects the psyche of the Muslim child and their families. Seedat (2021) discussed how Muslims must learn to 'live with' the impact of coloniality and how social injustice can block the Qalb and disrupt one's spiritual connection with Allah. Ultimately, the Muslim therapist is trying to build a strong sense of Muslim identity that can help Muslim children deal with what can often be a hostile climate towards their religious identity, with the aim of also strengthening their spiritual connection to Allah.

5.6 Being a mirror

Participants shared how important it was for them to see themselves as vessels through which Allah's healing can take place. Healing does not come from technique or intervention; ultimately, all healing comes from Allah. Dharamsi & Maynard (2011) stated in their model of Islamic psychology that part of what therapists must learn in training is acceptance of their own and the client's weaknesses. Ultimately, healing comes from Allah and the acceptance of their own limitations as practitioners. The role of the therapist is to "convey in the stillness of their heart their dynamic equanimity, a loving concern; this forms a context in which the client can discover his or her own healing" (Dharamsi & Maynard, 2011, p.153).

In order for therapists to be able to act as vessels, it is important that they purify their own hearts. Rothman (2019) stated that Muslim therapists frequently referenced the idea of the mirror as a metaphor for the therapist doing their own jihad an nafs/tazkiyat an nafs; by polishing their own mirrors, they can reflect the light of ruh from their souls to their clients. Maynard associates stated that in their training, they encourage practitioners to let go of the ego, their own agendas, and truly just be with the client (Dharamsi & Maynard, 2011). One of

the ways to build this is through reflecting on the names of Allah, which was referenced by Tahira in this study.

Polishing their own hearts should manifest in the therapist's presence and help build a positive therapeutic relationship. The therapists discussed the importance of showing compassion, non-judgment, and a sense of equality as a way to establish trust with children. They referenced the Prophet Mohammed (saw) and particularly how he interacted with children, serving as a model for therapists. Additionally, there were references to the conditions for a positive therapeutic relationship within a person-centred approach (Rogers, 1959). Dharamsi & Maynard (2011) argued that similarities exist between this aspect of person-centred therapy and Islamic counselling; however, Islamic counsellors are encouraged to go deeper by spiritually returning to Allah within the therapeutic relationship.

The analysis implied that within an Islamic approach, there is an encouragement for therapists to be particularly attentive and compassionate towards children. This is perhaps because children are viewed as more susceptible to both positive and negative influences as they are still developing. The therapist occupies an important role as one of the child's role models of what it means to be Muslim.

There was also an interesting term used to describe the role of an Islamic therapist as that of a Khalil or a rafik. Abdulrahman refers to the term rafik, which he explained means a sound companion that represents faith in a positive way. Likewise, Rumaysah used a similar term, Khalil, which can be translated as a close confidant (Khan et al. 2020). Khan et al. (2020) stated that a traditional Islamically integrated psychotherapist (TIIP) should have good character and be a good companion, highlighting a sense of a collaborative relationship and equality. This use of the word rafik/khalil emphasises that the role of an Islamic therapist differs from some traditional Western approaches to psychotherapy, where therapists are encouraged to maintain a professional distance and bracket their personal beliefs out of the therapeutic relationship (Khan et al. 2020). The TIIP is encouraged to bring their religious beliefs into the therapy room.

However, Rumaysah stated that even though she is a Khalil to her client, it is important to acknowledge the power differential in the room between a child client and therapist. She stated that the child may be mirroring back to the therapist how they relate to adults in their lives. This alludes to the psychoanalytic concept of transference, which is when the client displaces onto their therapist feelings from other key figures in their lives (Rycroft, 1968). This can provide insights that may be useful to the therapeutic work.

The category of being a mirror emphasises that it is important for the therapist to continually engage in the purification of their own soul. They can demonstrate this to children by modelling characteristics of a good therapeutic relationship. Additionally, by polishing their heart, the therapist is better able to receive what the client is trying to communicate. This should be conveyed by showing extra kindness, openness, and compassion to children.

5.6 Strengthening the family unit

Participants discussed how they engaged with the entire family. Their goal was to help mend relationships between children and their parents. From an Islamic perspective, the bonds of kinship are extremely important, and one of the rights Muslims have toward one another is to maintain those ties (Islam Question & Answer, 2023). One of the objectives of shariah is to safeguard one's progeny and lineage (Ibrahim et al., 2019). Thus, preserving the relationships among family members is crucial in Islam.

One of the ways some participants achieved this was by integrating a systemic approach with Islamic values. Daneshpour (2018) stated that family systems theory can be beneficial when working with Muslim families, as it aligns with Islamic values that prioritise familial relationships in an individual's emotional development. Family systems theory views psychological distress as an expression of systemic dysfunction that may have been present in previous generations that have been passed down or current issues impacting individuals, couples, and parent-child relationships (Daneshpour, 2018). Therefore, the therapists in this study aimed to help families

renegotiate their identity, respecting each member's uniqueness and not just passively accepting the cultural scripts they have inherited. Therapy can serve as a tool for families to intentionally decide which scripts they wish to uphold and which they want to discard.

Malik (2018) proposed that employing the coordinated management of meaning (CMM) model can be beneficial when working with Muslim families. This model suggests that any behaviour can be understood within the context of individual, relational, familial, and cultural and religious scripts. Cultural scripts often serve as dominant narratives that shape social expectations. Malik (2018) utilised Quranic stories to help families form new narratives by exploring new meanings of long-held cultural and religious beliefs, enabling them to gain deeper insights into Quranic stories and their relationship with God. This sentiment was echoed by the participants in this study as they described aiding families in understanding their unique expression of Islam.

Another interesting result arising from the analysis was that therapists were able to acknowledge that faith can be both 'protective' and 'defensive', as stated by Rumaysah. On one hand, therapists recognised that the Muslim parents were doing their best to protect their children by instilling Islamic values in an environment that is often hostile to the religion (Younis, 2021b). However, at times, due to the fears many Muslim parents living in Western countries have regarding the impact of secular-liberal values on their children, this can lead some Muslim parents to impose overly strict rules (Daneshpour 2018).

Participants acknowledged that the methods used by parents were often defensive and counterproductive. They spoke about providing psycho-spiritual education to parents by challenging cultural and religious scripts that have been negatively impacting their parenting styles. Additionally, participants frequently encountered parents who used hellfire as a threat or deterrent, which they felt could create a negative view of religion for the child. Similarly, Malik (2018) noted that in family therapy with Muslims, the parental view is often projected onto God and can lead to a form of social control. Part of the therapeutic work involved

informing parents that this approach is unwise. For instance, Abdullah stated that this method is ineffective since young children generally conceptualise only what is right in front of them and cannot grasp abstract concepts like hell as adults do. Participants reminded parents that they are also accountable to God. In Islam, children are viewed as amanah, meaning a trust, a loan, or a gift from God. Therefore, parents should not take advantage of the gifts given to them, and they have a responsibility to convey Islam properly.

The messaging children receive about religion forms an important part of a child's spiritual development. One can argue that parents play the most significant role in the ecosystems surrounding children, as they typically spend the most time with them and largely control their access to other systems. Therefore, therapists can help families strengthen this relationship, ensuring that the child is in a nurturing environment that will enable them to grow and thrive. This supports children in being in tune with their fitrah.

5.7 Clinical implications

This study is unique in being able to gather data from participants who are trained in both Western and Islamic approaches to psychology and who have experience working with young Muslim children under the age of 12. To the researcher's knowledge, this is the first study of its kind.

This study is not proposing a new model of Islamic psychology. Rather, it is offering a flexible model for Muslim therapists to apply to what they already know when working with young Muslim children. It highlights areas that are important when working with adults, such as purification of the soul of therapist (Rothman, 2020), as also being important when working with children. Yet it also brings attention to the specific nuances that are important for therapists to note when applying these theories to working with young children. The five higher order categories offer a range of ways that therapists can help children stay on the fitrah and how that is linked with the Islamic life span. This will be useful when assessing and formulating what is going on for a child and their family. In addition, the model can be useful in working

collaboratively with children and their families to look at what parts of the are most relevant for them. This study also provides examples that practitioners can use in their therapeutic work. Please see Table 4 below, which outlines certain interventions referenced by participants.

Muslim therapists are at an advantage in being able to use this model with Muslim families. This is mainly because of the stigma of mental distress and islamophobia, which can create a barrier to building trust with parents (Casey et al., 2022; Mahr et al., 2018; Sheikh, 2018). Muslim therapists are likely to be able to use their shared faith to be able to build a sense of trust and rapport with parents. There is an example of this in courses such as the Approachable parenting, which provides a five-pillars of parenting programme for Muslim parents. Roche-Nagi & Shikara (2022) found that it is important for the programme to be delivered by Muslim trainers as it creates a sense of integrity and trust. In addition, the trainers were also able to explain concepts to parents in their languages.

Although the primary target of this research is Muslim therapists working with Muslim children and families, the model proposed in this research could also be useful to non-Muslim therapists. However, the way it would be used would likely differ. This study demonstrates that an Islamic approach can be used alongside Western models such as person-centred, psychoanalytic and systemic approaches. Therefore, even if one primarily uses a Western model, therapists can understand how to provide a more religiously and culturally sensitive approach. This model provides an understanding to non- Muslims of the Islamic understanding of human development through the Islamic life span proposed in the analysis chapter. This can be helpful for therapists to understand the spiritual concerns of Muslim parents and how this impacts their relationship towards their children. However, for non-Muslims therapists, it may be difficult for them to deal with some of the challenges that participants spoke of, such as helping parents to convey Islam in a more caring manner. It would be difficult for someone that does not have much knowledge of Islam to distinguish what is from the religion and what is a cultural practice. In addition, they do not share the same faith; therefore, Muslim parents may

be sceptical of taking their advice. They may need to consult with Muslim therapists and/or religious leaders to support them to work with families.

Table 4

Islamic interventions

Islamic interventions	Explanation
Islamic psychoeducation	Using evidence from Islamic sources to correct unhelpful understandings of Islam with children, families and other professionals.
Prophetic and Quranic stories	Using these stories as a tool for child to reflect on what meaning has for them in their lives. In addition, in can also be a way of showing examples of good character.
Connecting to the heart	Exploring with the child what actions create white (good) and black (bad) dots on the heart. By encouraging a child to illustrate this through a drawing.
Islamic Mindfulness	Using an ayah in the Quran as a grounded exercise. Incorporating visualisation i.e. helping the child to imagine the light of Allah coming into their heart
Recovery of historical memory	Incorporating historical Muslim intellectual figures as a counternarrative to the dominant Islamophobic discourse
Connecting to nature	Exploring the beauty of natural environment, animals and plants i.e. how a plant needs constant watering as an illustration of what the soul needs.

5.8 Theoretical implications

This study contributes to the literature by highlighting how differences in ‘Muslim childhoods’ impact psychotherapy and counselling. Many studies have highlighted how important the transmission of Islam to the next generation is for many Muslims. Scourfield and colleagues

(2013) highlighted how migration can serve to strengthen religiosity due to ethnic minority status; religion may serve to preserve the culture of an ethnic group that is minoritised. Muslim parents within the UK have also been found to use Islam as a moral guide for raising their children. Islam influences the aspirations that parents have for their children and can also be used as a form of social capital that links families with their local Muslim communities (Franceschelli & O'Brien, 2014). This study is the first (known to the researcher) to provide evidence of the role that Muslim therapists play within a child's ecosystem in socialising Muslim children into their religious identity within the UK.

This study also contributes to the literature on decolonial psychology. Castro (2020) argues that developmental psychology has played a role in being part of the hegemonic globalisation project, which uses scientific research to project onto the Global South what a 'normal' childhood should be. This image of the global child places value on agency, autonomy, competence, and rights (Castro, 2020). Many Western approaches to psychotherapy place emphasis on these values at the expense of more collectivist, moral and religious values. The results of this study highlighted that Muslim therapists were able to respect the rights and autonomy of children whilst also paying attention to the importance of family and religion in the development of children.

Rassool (2021) stated that decolonising psychology in the context of Islamic psychology involves *'balancing the secular psychology narratives with Islāmic psychology, ethics and sciences while both evidenced-based psychological knowledge and Islāmic intellectual tradition are maintained'* (p.583). The participants played a role in rebalancing the dominance of Western psychology through training in Islamic psychology. They demonstrated the importance for Muslim therapists of gaining knowledge of a psychology that reflects a spiritual worldview (Rassool, 2023). However, the therapists in this study did not completely abandon Western approaches; many spoke about Western methods that they found useful. Ultimately, the goal of therapy was to bring children closer to God, whether explicitly or implicitly.

The dominant paradigm within developmental psychology views children as potential adults and devalues their present state (Ebrahim, 2016; James & Prout, 1997). The core category highlights that in Islam, children are not only seen as potential adults but are also valued for their present ability to have a special relationship with God, as they are closer to the fitri state (Ebrahim, 2016). Therefore, they are not viewed as blank slates passively absorbing information; they are unique individuals with a special relationship with God (Ebrahim, 2016). Muslim therapists play a unique role in helping children derive meaning from their experiences as they make sense of the world.

The literature highlights that Muslim therapists integrate a variety of Western approaches into their work (Betteridge, 2012; Choudhry, 2016; Rothman, 2020). Similarly, participants in this study utilised various Western psychology approaches in their practice, including CBT, person-centred therapy, play therapy, psychoanalytic approaches, and systemic methods. However, the person-centred and family/systemic approaches were the most frequently referenced. The participants employed person-centred play therapy as a means of exploration and communication with children, while also considering the impact of cultural and religious scripts present within the family system (Behr et al., 2013; Malik, 2018). The results of this study indicate that these two approaches appear to be the most compatible for working with young children in an Islamically integrative psychotherapy context.

This study also expands on what is known as 'Islamic psychology'. Younis (2021a) provided a critique of the current trend within Muslim mental health as focusing purely on Islamising contemporary psychological practice or psychologising spiritual concepts from traditional scholars, whilst ignoring the current political environment in which the distress is occurring. He argued that Muslim mental health must be looked at within a decolonial framework, as well as using an interdisciplinary approach that understands healing through a communal approach. This study was able to work against this binary by acknowledging the multiple systems that therapists must work within - the individual, familial, educational and socio-political – and specifically, what those systems look like for Muslim children within the UK context. The study

highlighted how Muslim therapists are active agents in resisting Islamophobia through working alongside Muslim children and families to create new narratives that go against the negative views of Muslims that they receive from the wider society.

The issue of gender did come up within participants' accounts; however, it was not a prominent feature and therefore did not become a category. This is likely due to the focus on children under the age of 12; the examples that the participants used were mainly focused on children who had not yet reached puberty. This supports Scourfield and colleagues' (2013) findings that there were no significant differences in religious nurturing between boys and girls under 12. When gender was mentioned in this study, it was more about the parents than the children. Therefore, the parents' gender may play a role in engagement with therapy. However, more research would need to be conducted on this to understand if there are any key differences.

5.9 Implications for Islamic psychology training

This study highlights the importance of providing training that specifically focuses on understanding how to apply Islamic psychology concepts to children. My experience interviewing the participants has led me to realise that they felt the training, along with their own reading, provided them with insights into how Islam views child development and the significance of an Islamic upbringing. However, the applied knowledge of how to incorporate these concepts into therapy, as well as identifying the most relevant aspects of an Islamic psychology model, was something participants gained through their clinical experience.

Some participants indicated that they felt they needed more knowledge on how to apply Islamic approaches to young children. Some participants stated that there was a lack of information within the Islamic psychology corpus of knowledge that they had available. Some of the reasons given for this were access to the Arabic language and that most of their clientele consisted of Muslim teenagers rather than young Muslim children. This shows the need for a translation of literature by prominent Islamic thinkers on aspects of the soul (such as the work

of Al-Ghazali) to focus on how their ideas and concepts can be applied not only in terms of educating Muslim children to have a sound upbringing, but also in how they can be applied to therapy.

This study highlights that there are Muslim therapists who primarily work with young children. There is now an awareness within Muslim mental health professional groups that services need to be specifically tailored to the needs of Muslim children, such as the Reflection Project based in London, which provides a service that matches Muslim therapists with Muslim children to offer a culturally sensitive approach (The Reflection Project, 2024). It is important that Islamic psychology training courses recognise and incorporate how to work with children within their curriculum. In addition, these courses should not only focus on teaching theory but also prepare therapists for applying Islamic psychology within a minority context where Islamophobia is present. In this regard, this study expands on Rassool's (2023) finding that some Muslim therapists struggle with what he termed role legitimacy, the belief that they have a right to integrate an Islamic psychology approach into their practice. This indicates that it is insufficient to focus solely on gaining theoretical knowledge during training. Therapists should also be supported in navigating the challenges of implementing an Islamic psychology approach in a secular context.

5.10 Methodological limitations

Constructivist Grounded theory is designed to provide an analytical framework that helps to generate a new theory grounded in the data. Grounded theory often focuses on the development of a core category that explains the whole data set alongside other categories that are related to the core category (Braun & Clarke, 2013). This helps the researcher to be able to gather an overarching theoretical category. However, it often means that the individual accounts get lost. For example, many participants spoke about their reasons for studying Islamic psychology, but that narrative was not featured in the finalised grounded theory.

In addition, grounded theory is a labour-intensive process that requires significant time and resources. This study did not follow some of the key steps of grounded theory, such as concurrent data collection and analysis as well as theoretical sampling (see reasons stated in methodology). Therefore, this study can be criticised for not representing a full grounded theory. Although many studies employ some of the analytic techniques of grounded theory, it should be borne in mind that there is considerable variation in the extent to which they apply all the principles of grounded theory (Coleman, 2018). Braun & Clarke (2013) recognised this distinction and named it grounded theory lite. This concept involves using the grounded theory methodology within data analysis and concept development but does not necessarily engage in all aspects of a grounded theory methodology (Braun & Clarke, 2013; Coleman, 2018). This type of grounded theory is more suitable for smaller, time-limited student projects (Coleman, 2018). Upon reflection, this study aligns more closely with grounded theory lite as it aimed to produce a theory with less resource-intensive steps than a 'full' grounded theory (Dolović, 2024; Braun & Clarke, 2020).

One limitation of using qualitative methodology and a small sample size is that findings cannot be generalised. However, there is an argument that the aim of qualitative research is *moderatum* generalisation rather than statistical generalisation (Gheondea-Eladi, 2014). This means that findings do not seek to produce conclusions that are applicable over time and across cultures; rather, research findings are always open to change. Charmaz (2006) states that the aim of a constructivist grounded theory is that theoretical models offer an interpretation of the world; the research participants' reflections and the finalised grounded theory model are constructions of reality. Therefore, grounded theory is a construction based on the interaction between the researcher and participants at a particular time and in a specific context.

5.11 Research Limitations

This study only interviewed participants who have received training in Islamic psychology or psychotherapy by completing a CPD course or through their main training in Islamic psychology. This means that the study likely attracted Muslim therapists with a certain level of religiosity. Therefore, it does not reflect the experiences of Muslim therapists who do not follow a 'mainstream' version of Islam or who are less religious. Betteridge (2012) found in her study that some Muslim therapists who were not born in the UK struggled to incorporate religious beliefs into their work, as they were more focused on assimilating to secular British values. Consequently, they did not feel as comfortable incorporating religion into therapy compared to Muslim therapists who were born in the UK. This highlights the spectrum of religiosity among Muslim therapists. This research addressed part of the spectrum but did not capture the full bandwidth.

It may also be challenging for therapists who are not Muslims to apply the model in their work. All the therapists in the study were not only Muslims but also had completed extra training or a core Islamic psychology counselling programme. Therefore, for non-Muslim therapists who wish to use this model to become more culturally competent, it may be difficult without completing a short course in Islamic psychology/Muslim mental health. However, I believe that the model is flexible enough for all therapists to use according to their level of competence and understanding. For example, a Muslim therapist may interpret the category of being a mirror as incorporating dhikr into their practice, while a non-Muslim therapist may focus more on using their own personal meditative/mindfulness exercises to ensure they are a 'good mirror'.

In addition, this research is very specific to the UK context. The findings of the study highlighted that the practice of Islamically integrative psychotherapy is greatly influenced by Muslims as a minoritised group within a non-Muslim majority context. This influence extends to therapeutic practice, children, and parenting style. Therefore, it is highly likely that Muslim therapists working in Muslim-majority contexts would yield very different results. Although this limits the applicability of this study to other contexts, coupled with the earlier point regarding the

variation of religiosity among Muslim therapists, it emphasises the importance of relational aspects within Muslim therapeutic practice.

Participants also varied in their confidence in applying Islamic approaches to their work. I noticed in some instances that those who had completed longer training programs, such as a diploma in Islamic psychology/psychotherapy, seemed more confident in incorporating Islamic approaches than those who took shorter courses (for reference please see the five courses discussed in the introduction chapter). Within the analysis, this was evidenced in a category called *issues with professional training* (See appendix G). This category did not progress to a higher-order category because I did not believe it directly answered the research question. However, it was very helpful in understanding why this variation occurred existed.

In addition, I noticed that some participants seemed more confident in bringing Islam directly into the therapeutic space than others. Some of the reasons for this depended on the type of setting they worked in, as certain work environments were more open to an Islamic understanding than others. For example, one participant mentioned that from a Western lens, the fitrah can introduce ethical issues that appear to conflict with Western individualistic societal values of independence and autonomy. This aligns with Rassool's (2021) study, which indicates that Muslim therapists face many institutional barriers due to professional regulations that hinder their ability to integrate Islamic psychology into educational institutions. Muslims are a minoritised group in the UK who face significant discrimination and oppression (Green 2015; Runnymede, 2017). This situation can make it challenging for Muslim therapists to openly incorporate Islamic psychology approaches into their secular work environments. Even though there is a strong emphasis on anti-discriminatory practice, Islamophobia remains prevalent. Akhtar (2023), in their survey to understand the mental health needs of young Muslims, stated that they received some Islamophobic responses, highlighting resistance to recognising the importance of offering specialised, dedicated support for Muslim children.

5.12 Recommendations- What does this mean for Counselling Psychology?

The foundation of counselling psychology philosophy is grounded in valuing the subjective experiences of clients and taking an anti-discriminatory stance by understanding their social context (BPS, 2005). Counselling psychology is increasingly adopting a social justice approach that recognises the importance of challenging inequality (Brown et al. 2019; Tribe & Bell 2018; Winter & Hanley, 2015; Winter et al. 2024). Brown et al. (2019) found that psychotherapists believed that part of the competencies that reflect a commitment to social justice is developing an awareness of the social systems that impact their clients, as well as being open to explore different worldviews. I argue that adopting a social justice perspective is imperative when working with young Muslim children, as it helps practitioners understand what it means to belong to a minoritised group and the impact it can have on identity formation. Additionally, practitioners must demonstrate openness to understanding non-Western conceptualisations of children and childhood, which reflects the pluralistic and humanistic values of counselling psychology. A pluralistic approach involves practitioners being receptive to multiple and diverse worldviews (Hanley et al., 2017; McAteer, 2010). Practitioners need to comprehend the social construction of childhood and how factors such as racialised position, religion, class, socio-economic status, and gender affect what is perceived as a good childhood (Sinitsky, 2016). However, this can be challenging, particularly for practitioners who hold different worldviews from their clients. Thus, practitioners must reflect on their beliefs about children and how these beliefs impact their clinical practice (Sinitsky, 2016).

In addition, I also recommend that counselling psychology training programmes should incorporate Islamic psychology perspectives into their programmes to help trainees to understand non-Western psychology paradigms. Within the UK there have been regular training courses on Islamic psychology for the last 10 years which have been sitting on the fringes of mainstream psychology. Yet, UK psychological bodies have been silent on their views of this growing movement (Waheed & Skinner, 2022), even though Moller (2011) stated that counselling psychology in the UK needs to take a strong commitment to valuing multiculturalism and diversity. If the profession of psychology is truly committed to diversity and wants to encourage ethnic minorities within the UK to become psychologists, as well as use

psychology services. In that case, they must see themselves represented. Waheed & Skinner (2022) argued that many psychology courses still position Western psychology as the only psychology. Speaking to British psychologists, they state that to work within a decolonial lens, it is important to understand the historical legacy and contributions of Islamic psychology and contemporary understandings of the field to work better with Muslim populations.

Many of the values held by counselling psychology are also shared with its neighbouring professions, such as clinical psychology, counselling, psychotherapy, and other helping professions. Therefore, I believe that all training programs equipping practitioners to work in diverse environments should promote cultural competence and cultural humility (Kirmayer, 2012; Tervalon & Murray-Garcia, 1998). This involves not just providing knowledge about how different communities understand child development and mental distress, but also fostering an attitude of continuous self-reflection and commitment to learning. Cultures and religions are dynamic, and the ways people choose to practice them are constantly evolving, especially in the case of a religion like Islam, which is practised by many different ethnicities within the UK, as well as the diversity within Islamic practice (Gilliat-Ray, 2010; Muslim Council of Britain, 2024). Consequently, practitioners should be flexible, humble, curious, and adaptable to the unique mosaic of cultural and religious understanding that each family presents brings.

5.13 Further areas of research

Notwithstanding the wealth of material generated for this study, the limited number of potential participants in the UK hindered the amount of data collected. Further research that included participants from other countries in the Western world, as well as in other Muslim-majority nations, would have provided a more comprehensive understanding of how therapists work with children and would facilitate the incorporation of theoretical sampling into a grounded theory methodology.

This study employed a retrospective approach, as there was no time limit regarding how recently therapists had worked with a Muslim child. Consequently, there was considerable variation in when participants last worked with a child and the number of experiences individuals had with young children. For further research, capturing therapist experiences 'in action' through recordings of sessions, observations, and/or scheduling interviews shortly after the end of therapeutic work would be beneficial. This would enhance the reliability of the data through better temporal alignment across participants.

One of the current challenges in promoting the importance of an Islamic psychology approach is demonstrating that it is evidence-based. An additional step that could highlight this is gaining an understanding of families' and children's perspectives on their experience of therapy. This could involve interviews and/or outcome measures to evaluate the pre-therapy, post-therapy, and the impact on their mental and spiritual well-being. This would provide deeper insights into what works well and add more depth to the model.

5.14 Conclusion

In conclusion, this study highlights how Muslim therapists play a crucial role in helping Muslim children form their identity as a minoritised group within the UK. The work of assisting children in staying on the fitrah is multi-layered. The therapists drew from Islamic conceptualisations of childhood, Islamic psychological concepts, and Western psychotherapeutic models to inform their practice. This study emphasises the importance of working with multiple systems when engaging with children, particularly their families and the education system. Muslim therapists occupy a unique position where their Muslim identity can be a positive tool to encourage families from Muslim backgrounds to engage in therapy. Additionally, they can draw from their own experiences and use their position to advocate for the needs of Muslim families. I hope that the model proposed in this study can serve as a tool to assist Muslim practitioners in translating Islamic psychological concepts into practice when working with Muslim children, as well as help all practitioners adapt therapy to better suit the needs of Muslim children.

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Appendices

Appendix A- Participant information sheet

How is an Islamically integrated psychotherapy utilised when working with young children?

Participant Information Sheet (PIS)

You are being invited to take part in a research study **as part of a Professional Doctorate thesis project. The aim of the research is understand how Muslim therapists use an Islamic therapeutic approach to work with Muslim children.** Before you decide whether to take part, it is important for you to understand why the research is being conducted and what it will involve. Please take time to read the following information carefully before deciding whether to take part, and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Thank you for taking the time to read this.

About the research

Ø Who will conduct the research?

The research will be conducted by Kawthar Nurudeen Alli, Counselling Psychologist in Training at the University of Manchester.

Ø What is the purpose of the research?

The purpose of the research is to contribute to developing a theory of an Islamic therapeutic approach to working with young children.

You have been selected because of your professional expertise in this area can hopefully contribute to providing information on this topic.

Ø Am I suitable to take part?

Inclusion criteria:

- Identify as a Muslim
- Is a qualified and registered therapist: including psychotherapist, practitioner psychologist, counsellor, or CBT therapist
- Has applied knowledge in relation to Islamic Psychology/psychotherapy i.e. through CPD courses
- Has experience working with a Muslim child or Muslim children under the age of 12

Ø Will the outcomes of the research be published?

The outcome of the research may be used to present at conferences, submitted to journals as well as posted on blogs and websites. The completed thesis will be on the university of Manchester thesis open repository.

Ø Who has reviewed the research project?

The project is due to be reviewed by the School of Environment, Education and Development Ethics Committee within the University of Manchester.

Ø Who is funding the research project?

Researcher received funding for fees from the National Zakat Foundation

What would my involvement be?

Ø What would I be asked to do if I took part?

If you agree to take part in the study, you will be provided with a consent form in the first instance. You are also able to ask any further questions that you may have regarding the study after reading this information sheet. Interviews can either be online or face-to-face depending on location of participants as well as if Covid-19 restrictions come back into place. If face to face a suitable location will be arranged between the participant and researcher. If the interview takes place online. This will be carried out using my University Zoom account. We will agree a date and time for the Zoom meeting to take place and the details will be sent to you via email. The Zoom link will contain a passcode and I will enable the "Waiting Room" function to enable further privacy for the Zoom space. It is advisable that you complete the interview in a place which you are comfortable to talk freely in. I will also do the same and may wear headphones to ensure further privacy for the interview. The interview will be carried out across one session for a maximum of 60 minutes. You will also be provided with the opportunity to take a break should you require.

If you have indicated on your consent form that you would be interested in data analysis, we will have a brief discussion about the member checks process. This also includes reading your completed transcription which will include initial codes or categories which will be used with data from other participants as part of data analysis. Discussions around data analysis and both member checks noted above are entirely **optional**, you are still able to complete the research if you wish.

Ø Will I be compensated for taking part?

No compensation will be offered

Ø What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. You can contact me via email to inform me if you would like to participate or not. If you do decide to take part, you will be given this information sheet to keep and you will be asked to sign a consent form. If you decide to take part you are still free to withdraw from the study at any time, without giving a reason and without detriment to yourself. However, it will not be possible to remove your data from the project once it has been anonymised as we will not be able to identify your specific data. If you choose to withdraw after completing a member check, this will be possible until the data from all participants are combined as it will not be possible to identify your specific data. This does not affect your data protection rights. If you decide not to take part, you do not need to do anything further.

For the purpose of the study, audio recordings will be taken, and the conversation will be transcribed as part of the data analysis process. You can ask to stop the audio recording at any time if you do not feel comfortable or if you require a break.

Data Protection and Confidentiality

Ø What information will you collect about me?

In order to participate in this research project we will need to collect information that could identify you, called "personal identifiable information". Specifically we will need to collect:

- First name

- Email address
- Profession and professional body

Audio recordings will consist of voice only and will be obtained during the duration of the interview.

Ø Under what legal basis are you collecting this information?

We are collecting and storing this personal identifiable information in accordance with UK data protection law which protect your rights. These state that we must have a legal basis (specific reason) for collecting your data. For this study, the specific reason is that it is “a public interest task” and “a process necessary for research purposes”.

Ø What are my rights in relation to the information you will collect about me?

You have a number of rights under data protection law regarding your personal information. For example you can request a copy of the information we hold about you, including audio recordings.

If you would like to know more about your different rights or the way we use your personal information to ensure we follow the law, please consult our [Privacy Notice for Research](#).

Ø Will my participation in the study be confidential and my personal identifiable information be protected?

In accordance with data protection law, The University of Manchester is the Data Controller for this project. This means that we are responsible for making sure your personal information is kept secure, confidential and used only in the way you have been told it will be used. All researchers are trained with this in mind, and your data will be looked after in the following way:

Only the study team at The University of Manchester will have access to your personal information, but they will anonymise it as soon as possible. Your name and any other identifying information will be removed and replaced with a random ID number. Only the research team will have access to the key that links this ID number to your personal information. Your consent form and contact details will be retained until the project has been submitted.

Recordings will be used to create transcripts; the researcher will be performing this but may require support from the research team at times. Any personal identifiable information will be removed from the final transcript. Recordings will be destroyed after they have been transcribed however photographs may be used in the final report where appropriate. Any personal identifiable information will be altered. Only the researcher will have access to these but may share these with her research team where appropriate for the purpose of the project.

Please also note that individuals from The University of Manchester or regulatory authorities may need to look at the data collected for this study to make sure the project is being carried out as planned. This may involve looking at identifiable data. All individuals involved in auditing and monitoring the study will have a strict duty of confidentiality to you as a research participant.

If the interview is conducted online. Your participation in this research will be recorded in Zoom and your personal data will be processed by Zoom. This may mean that your personal data is transferred to a country outside of the European Economic Area, some of which have not yet been determined by the United Kingdom to have an adequate level of data protection. Appropriate legal mechanisms to ensure these transfers are compliant with the Data Protection Act 2018 and the UK General Data Protection Regulation are in place. The recordings will be removed from the above third party platform and stored on University of Manchester managed file storage as soon as possible following the completion of data collection.

What if I have a complaint?

If you have a complaint that you wish to direct to members of the research team, please contact:

Dr Laura Winter (Primary Supervisor)
Email: laura.winter@manchester.ac.uk

Professor Erica Burma (Secondary Supervisor)
Email: erica.burman@manchester.ac.uk

If you wish to make a formal complaint to someone independent of the research team or if you are not satisfied with the response you have gained from the researchers in the first instance then please contact The Research Ethics Manager, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester, M13 9PL, by emailing: research.complaints@manchester.ac.uk or by telephoning 0161 306 8089.

If you wish to contact us about your data protection rights, please email dataprotection@manchester.ac.uk or write to The Information Governance Office, Christie Building, The University of Manchester, Oxford Road, M13 9PL at the University and we will guide you through the process of exercising your rights.

You also have a right to complain to the [Information Commissioner's Office about complaints relating to your personal identifiable information](#) Tel 0303 123 1113

Contact Details

If you have any queries about the study or if you are interested in taking part, then please contact the researcher:

Jana Hoyte

Email: kawthar.nurudeenalli@postgrad.manchester.ac.uk

Alternatively, you may also contact:

Dr Laura Winter (Primary Supervisor)

Email: laura.winter@manchester.ac.uk

Professor Erica Burma (Secondary Supervisor)

Email: erica.burman@manchester.ac.uk

Appendix B- Consent form

How is an Islamically integrated psychotherapy utilised when working with young children?

Consent Form

If you are happy to participate, please complete and sign the consent form below.

	Activities	Initials
1	I confirm that I have read the attached information sheet (Version 02, Date 22/05/2022) for the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.	
2	I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to myself. I understand that it will not be possible to remove my data from the project once it has been anonymised and forms part of the data set. I agree to take part on this basis.	
3	I agree to the interviews being audio	
4	I agree that any data collected may be included in anonymous form in academic books, blog posts, publications (such as reports or journals) or conference presentations.	
5	I agree that any data collected may be included in anonymous form in publications/conference presentations .	
6	I understand that data collected during the study may be looked at by individuals from The University of Manchester or regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.	
7	I understand that there may be instances where during the course of the research information is revealed which means the researchers will be obliged to break confidentiality and this has been explained in more detail in the information sheet.	
8	<i>[If the study will be conducted outside of the UK and involve the transfer of personal data to the UK, you MUST include this statement, otherwise please delete]</i>	

	I consent to the personal information collected as part of this study being transferred and processed in the UK. This processing will be subject to UK data protection law.	
9	I agree to take part in this study.	

The following activities are optional, you may participate in the research without agreeing to the following:

10	I agree that the researcher may retain my contact details in order to provide me with the final summary of the findings for this study.	
11	I agree to the researcher contacting me again once initial concepts/categories have been created based on my transcription. I understand that if I choose to send back my completed transcript with the initial codes this suggests that I am satisfied with the content, and I agree for it to be used as part of the data analysis. If I am not satisfied with the completed transcript with the initial codes then I will discuss this with the researcher, as soon as possible and discuss what I would like to be changed or edited. If changes are made and I am satisfied, I agree that sending it back with amendments suggests that I am satisfied with the content, and I agree for it to be used as part of the data analysis.	
12	I agree that I do not wish to read through the initial concepts/categories of my transcript however agree to allow the researcher to continue their data analysis based on their judgement of my information.	

Data Protection

The personal information we collect and use to conduct this research will be processed in accordance with UK data protection law as explained in the Participant Information Sheet and the [Privacy Notice for Research Participants](#).

Name of Participant

Signature

Date

Name of the person taking consent

Signature

Date

[Insert details of what will happen to the copies of consent form e.g. 1 copy for the participant, 1 copy for the research team (original), 1 copy for the medical notes]

Social Media and CCTV-Guidelines for use in research

Version 8; January 2021

This Guidance from the university of Manchester shall be used for recruitment purposes. This guidance should be used by researchers who are planning on using any social media platform (e.g. Facebook, Twitter, Instagram, Tik Tok, YouTube, etc) for either recruitment purposes or for the purpose of gathering and analysing user data. If your study involves one of these scenarios, please refer to the relevant section of this guidance for any specific considerations. If your study involves both of these scenarios then please read through all the guidance. Please note that because the landscape of social media platforms is continually changing it is not possible to issue platform specific guidance for all or even most platforms. These guidelines should therefore be interpreted with the specific platform(s) used in mind.

This guidance also covers the use of CCTV for the purposes of gathering and analysing user data. If this applies to your study you should read through the specific requirements and expectations for accessing and using this type of data for research purposes.

Using social media platforms to recruit participants for your research study

Advertising for research participants

❗ Researchers should not use their personal social media accounts to contact potential research participants but should instead explore the following options for advertising.

- o Set up and use a study specific account/page/group, being sure that the account name/page/group clearly indicates that it is for research purposes.

- o If the account is used exclusively for professional (e.g. networking) purposes, it can be used to post/share an advertisement provided that the researcher does not directly message their list of contacts with requests to participate in the research.

❗ If setting up a study-specific social media account/page/group, researchers should be clear about their intentions and specifically mention that any interactions with the research account/page/group including (but not limited to) posts to the account page, shares, and direct messages will be used for research purposes.

o The accounts should also include a disclaimer or hashtag that indicates it is used for research purposes by the University of Manchester (or the named sponsor of the research).

Gaining consent from participants

- When contacting potential participants via social media, researchers should always inform them of how they obtained their details, just as they would if they found their contact details on a publicly available website such as StaffNet.
- Researchers should ensure the recruitment for their study is targeted at public profiles, pages or groups. Specific individuals should not be targeted unless this can be adequately justified based on the research topic.
- If seeking to recruit via closed, private or restricted profiles, groups or forums the researcher must first seek permission of the moderator or owner for access.

o Once permission is obtained to 'join' or access the profile, group or forum the researcher must post a message/advertisement visible to all users of the group outlining the research being conducted and the time period for participant recruitment.

o The message/advertisement should also contain a hyperlink to the full participant information sheet as well as to the University's Privacy Notice for Research.

o If a significant number of users object to the researcher's presence the researcher must withdraw.

- Further communication with potential participants who indicate initial willingness to participate should take place on a one-to-one basis (using e-mail, private messaging etc) or move to a private forum/group with the researcher named as an administrator.

How to ensure participants have the right to withdraw/correct their data

- When gaining consent, researchers must, unless data collection is anonymous, establish a process for participants to be able to withdraw or rectify any of their data used as part of the study or request a copy of the data and information used as part of the study, and participants should be informed about this process within the PIS.

Ethical approval

You should use the University's Ethics Decision tool in order to determine if ethical approval is required for your research project.

Appendix D- Interview Questions

Thank you very much for agreeing to participate in this research. Just to remind you, this study is interested in understanding how do Muslim therapists use Islamically integrated psychotherapy to inform their work with young Muslim children?

I'm going to use the terms Islamic psychology, psychotherapy and counselling interchangeably

I have a few questions to ask you but are interested in your experiences more broadly, so at the end if there is anything you think would be relevant that we haven't asked you about directly then please do say.

I'm interested in your thinking and reflections behind the process i.e. transference and countertransference even if you've never informed a client about it

We are going to audio record the interview, and then later transcribe this to use in our analysis. We will ensure that this transcription does not contain identifiable information but it would be great if you to help this you could refrain from using your name, other people's names, the names of schools and towns that you work in or with and any other unique identifiers. We will use pseudonyms in any write ups from the project – do you have a preference on what name we use for you?

1. Could you please tell me about the core models or modalities of counselling or psychotherapy training you have received?

Follow up: How would you describe what type of therapist you are i.e. CBT, psychodynamic, integrative

2. Could you please tell me how you gained knowledge in the field of Islamic psychotherapy /psychology?

Follow up: Was this before or after core training?

3. How would you describe your experience working with children from a Muslim background?

Follow up: What's the age range of the children you have experience working with?

4. How do Islamic principles inform how you work with children ?

5. Could you please describe interventions or techniques that you use that you when working with children that you believe are unique to an Islamic approach to therapy?

6. How do you adapt therapy to meet the developmental needs of the children?

7. What would you say are the primary differences between working with adults and children when using an Islamic approach?

8. *what is the role of the muslim therapist when working in an IP approach with muslim children ?*

9. Is there anything you could like to add ?

Appendix E- Advertisement



CALL FOR PARTICIPANTS !!

How is an Islamically integrated psychotherapy utilised when working with young Muslim children ?

WHO CAN TAKE PART ?

- A Muslim
- A qualified and registered therapist/psychologist/counsellor /psychotherapist
- Has applied knowledge in relation to Islamic Psychology/psychotherapy i.e. through CPD courses or has their primary therapy training in Islamic counselling
- Has experience using principles of Islamic psychology/psychotherapy with a Muslim child or Muslim children under the age of 12

WHAT DOES THE RESEARCH INVOLVE?

A semi-structured Interview up to 60 minutes. Conducted face to face or online

WHO IS DOING THE RESEARCH ?



Salam, my name is Kawthar and I'm a trainee Counselling Psychologist at the University of Manchester. I am interested in developing a theory of how Islamic psychology is used when working with Muslim Children. If you any questions about this study please get in touch via email at kawthar.nurudeenalli@postgrad.manchester.ac.uk

Appendix F- Demographic data

The purpose of collecting demographic data is to be able to have an idea of the diversity and similarity of the participants in the study. This will help to identify any patterns or trends.

However, if you don't want to answer some of these questions, please don't feel that you have to.

1. Are you male or female? (Tick the appropriate answer)
Male ☐ Female ☐ Other ☐ (please specify: _____)
2. How old are you? [] years
3. What modalities of therapy do you practice?
4. How did you gain knowledge of Islamically based therapy?
5. What is your current occupation (or, if you are no longer working, what was your last occupation?)
6. Which age range children do you have experience working with?
0-3
4-6
6-8
8-12

Appendix G

Nodes- Initial coding- Issues with professional training

Name	Description	Files	References
Apprehensive about labelling it as islamic vs her experience		1	2
becoming more confident since islamic psy training		1	1
being a healer and patient		1	1
Being grounded in ones identity as a muslim practitioner		4	7
Being known through ones religious and gender identity		1	1
being motivated to help other due to her own experiences		1	1
challenge of attentiveness with younger children		1	2
connecting to islam through ip		1	1
Creating and evolving space of IP		1	1
defining islamic psychology		1	1
doubting her knowledge in IP		1	1
gaining knowledge of ip through courses		1	1
Grounded in an Islamic ontology		1	2
having healing from a skeikh		1	1
holding in mind an Islamic paradigm		1	1
involving a person of religious knowledge		1	1
IP is useful in understanding the why		1	1
Issues with professional training		0	0

Name	Description	Files	References
barriers to training		1	1
feeling like a beginner in IP		1	1
more support needed for muslim therapists		1	2
seeking more than just western psychology		1	1
Training in a bottom up approach to IP		1	1
variation in interventions IP		1	1
wanting some islamic guidance for herself		1	1
lack of knowledge about ip and children		1	1
Lacking confidence in IP		1	1
Learning how to applying islamic classical thinking to contemporary practice		1	1
linking issues in adulthood with childhood		1	1
looking at different cultural perpective of child development		1	1
looking at things from an IP Prespective		1	1
needing evidence that IP works		1	1
protecting his identity		1	1
psychology grounded in the quran and sunnah		1	1
RECONNECTING WITH OUR TRADITION		1	1
reflecting on her own personal experiences		1	1
relfecting on her own training and her identity		1	1
seeking an alignment with his values		1	1

Name	Description	Files	References
seeking more knowledge		1	1
seeking something rare		1	1
showing empathy through connecting to her experiences	of her own childhood	1	1
situating himself as more of a western practitioner		1	1
something missing		1	1
stating his professional identity and uniqueness		1	1
stating his uniqueness or rarity		1	1
stating professional status		1	1
translating IP to the audience		1	1
wanting a deeper connection		1	1
wanting to be connected to something greater		1	1
wanting to know more than the western lens		1	1
Working in camhs		1	1

Appendix H- Examples of the progression of quote to categories

Quote	Initial code	Focused code	Advanced code
hmm between you know hmm so you know muslims could go to therapist that would understand where they're coming from and where they wouldn't have to hold back about what they're thinking and what they're feeling because they would think but my therapist is not going to understand that well don't get me wrong they're some non-muslim therapists that are absolutely brilliant I went to a non-muslim therapist you know as part of my training and I was able to bring in religion probably in every single session and she got it you know and so it's not you know it's not every therapist	Being able to provide a safe space for Muslim clients	Being openly Muslim in a secular environment	Being an advocate
Absolutely, really good question. So I think you know in terms of where I'm working at the moment or have worked in the past I think you know being very vocal about islamic psychology paradigm, it is very difficult and it poses a lot of issues I don't think hmm service or psychology professions broadly speaking are ready for that yeah I think it's certainly on the rise but I think you know to bring in content like fitrah and the soul or different aspects of soul which isn't in line with their view or their world view hmm possess a bit of an issue in terms of	Difficulties bring IP to secular settings	Being openly muslim in a secular environment	Being an advocate

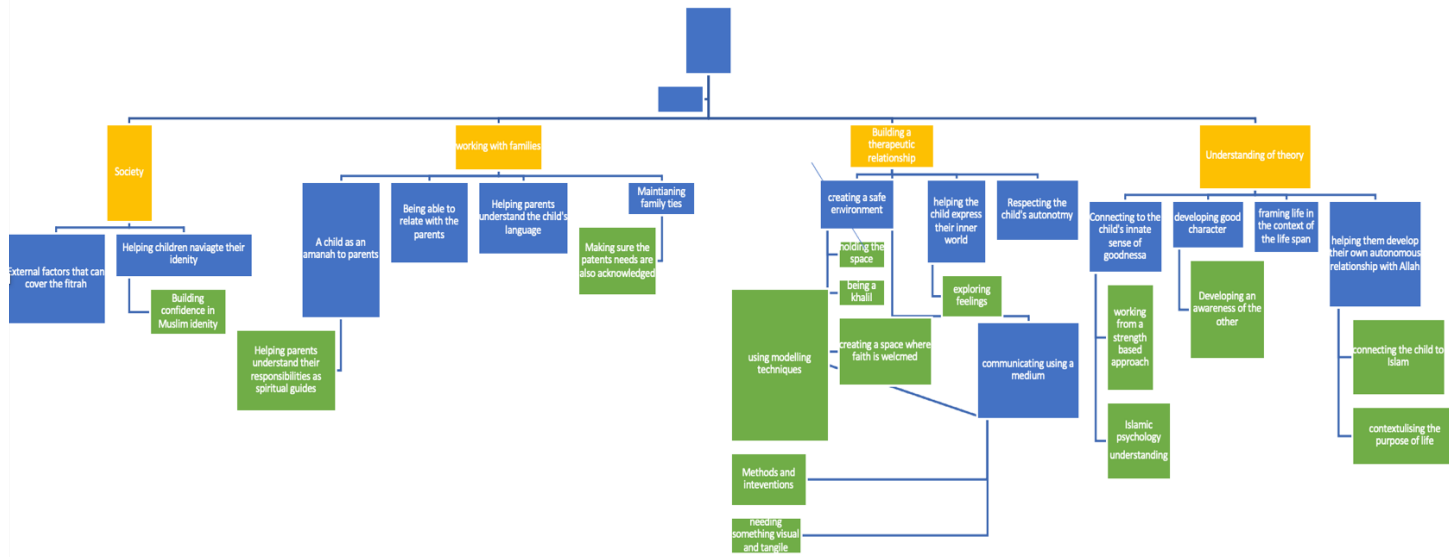
how far I can go with it and that being said I think the islamic psychology paradigm			
It allowed actually more muslim clients to access the service because they were able to come into the space and talk about the bereavement but also as a muslim they understood their where their bereaved had gone and what that meant and how they were grieving from a faith based	Empathising from a faith based perspective	Being openly muslim in a secular environment	Being an advocate
I don't really want to go into the specific example I've got it might cause some controversy	Fear of backlash	Being openly muslim in a secular environment	Being an advocate
hmm so the reframing is there and that you know I had to kind of use a secular kind off modelling off hmm this is the way to to address this is first go through the emotional and then get to hmm	Having to use secular language in the system	Being openly muslim in a secular environment	Being an advocate
but also where communities had experience of prejudice when they've approached mainstream services yeah but both of those things combine to make it really hard often for young muslims to ask for help	Impact of prejudice on engagement with services	Being openly muslim in a secular environment	Being an advocate
Hmm and at different stages in our lives right not every characteristic is going to be present at this moment in time there might be one more more now than one later ((hmm)) it's about working what is it in that moment and time which characteristic stands out in that moment in time that you can use to work with	Using the relevant name of Allah	State of the therapist	Developing character
So I may not necessarily say it to the child but applying it to myself to understand the name ya lateef, of kindness and gentleness is coming to mind	Enacting one of the names of allah	State of the therapist	I'm only a vessel for Allah I'm not in control (Later name changed to being a mirror)

It can be about from from an islamic psychology perspective of around the names of Allah, the 99 names are all of the qualities that we as a muslim would also believe and value that we hold these characteristics of	Using the names of allah as a guide	State of the therapist	I'm only a vessel for Allah I'm not in control (Later name changed to being a mirror)
other differences obviously the idea off balagh, that they are balgh they have, there's an age of discernment in our tradition you know and that has different responsibilities so you know before that age of discernment they don't have to worry themselves about those kind off responsibilities so it's more about preparing them for that whereas after it's I find for the teenagers that I work with or even those that are younger that have matured it really hits them when they realise you know there's a world and I'm responsible and I think to pray and it's a heavy burden for some young people to realise that they are now adults you know and how they cope with that transition hmm or at least into adolescence it's it's having support around that is so important I think so they're about to navigate that	Helping them transition to Islamic adulthood	Transitioning from freedom to responsibility (Former called framing in the islamic life span)	Laying a foundation
and it helps I think developmentally I suppose a big part of tarbiyah is get you know from the islamic approach is your kind off preparing them for maturity in many ways you know like for example gradually you would introduce prayer or fasting half a day or that	Preparing children for maturity or adulthood	Transitioning from freedom to responsibility	Laying a foundation

kind of thing the same approach with therapy there is a kind off a gradually approach hmm a preemptive approach as well that you can use with children to prepare them for more intense emotions			
so it's kind of a transitional period if you like particularly when they are going into a secondary school to build that resilience and that trust that Allah they are not on their own Allah is going to be there for them and you know that story of the narrative of it changes their narrative from the story of Yusuf that Allah was there for him in very step of the way	Preparing children for hardships with stories	Preparing children for the next stage	Transitioning from freedom to responsibility
for him that it gave him identity cause at that age just before going to secondary school children feel very vulnerable ((hmm)) and they don't know especially when they move from a..	Strengthening children so they can with secondary school	Preparing children for the next stage	Transitioning from freedom to responsibility
I'm talking about 5 to 8 year olds I wouldn't I wouldn't like to change what they feel their the concept of god is until their old enough to really understand (hmm) cause I think I I I think it's its' more important for them to understand themselves and what they think it is rather than saying actually no that wrong it's this.	Respecting the child's autonomy	I'm only a vessel for Allah	Being a mirror
hmm I use everything hmm based on based on the what's in the room and sand tray, to puppetry to paints, to you know hmm story hmm narrative work, image, to stories, so it can be anything based you know if it's more textual it can also be around play and foam	Respecting the child's autonomy	I'm only a vessel for Allah	Being a mirror

and dough so based on what the client is bringing is what I which I decide which model to use, which material to use or suggest to use into the space			
Yeah yeah and I'm sort of sitting there as someone who has converted to islam she was aware of so I wonder if she felt a bit I don't know like she is defending me or something or defending the profession I don't know but it's quite an interesting one yeah	Empowering families to understand themselves and make informed choice	Maintaining and repairing family ties	Strengthening family ties
Parenting (parenting ok) and that could be something that's intergenerational in nature or something that were knowledge is transmitted down generation and perhaps the knowledge that is being shared is is kind of contributing to some of the issues hmm that children are experiencing at the moment	Empowering families to understand themselves and make informed choice	Maintaining and repairing family ties	Strengthening family ties

Appendix I - Early mapping



Appendix J – Example of transformation of codes to categories

Higher order category	Lower order category	Focused coding	Focusing coding
Staying on the Fitrah	Connecting to the child's sense of innate goodness	Framing life in the context of the Islamic life span	Connecting to the fitrah
	Holding in mind the disrupting elements	Working from a strength-based approach	Connecting to the heart
Creating a safe space	Helping the child to express their inner world	Communicating using a medium	Exploring feelings
	Meeting them at their level	Respecting the child's autonomy	Using modelling techniques
Laying the foundation	Developing good character and Islamic principles	Developing an awareness of the other	Contextualising the purpose of life
	Helping them develop an autonomous relationship with Allah	Connecting the child to Islam	Developing god informed reasoning
	Transitioning from freedom to responsibility		
Being a mirror	Being a good model		
	Being a vessel		
Strengthening the family unit	Maintaining family ties	Helping parents understand the child's language	
		Making sure the parents needs are also acknowledged	
	Creating a nurturing environment	Helping parents understand their	

		responsibilities as spiritual guides	
Being an advocate	Being able to relate with parents. Helping children navigate their identity		

Appendix K- Ethical Approval Letter



Environment, Education and Development School Panel PGR

School for Environment, Education and Development
Humanities Bridgeford Street 1.17

The University of Manchester

Manchester

M13 9PL

Email: PGR.ethics.seed@manchester.ac.uk

Ref: 2022-15168-24880

01/08/2022

Dear Miss Kawthar Nurudeen Alli, , Dr Laura Winter, Prof Erica Burman

Study Title: How is an Islamically integrated psychotherapy utilised when working with young children?

Environment, Education and Development School Panel PGR

I write to thank you for submitting the final version of your documents for your project to the Committee on 25/07/2022 14:40 . I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form and supporting documentation as submitted and approved by the Committee.

Please note that your approved data collection window expires on 04/07/2023 , as per the information you provided in section D of your application. If you wish to extend this you must submit a [formal amendment](#) before this date or a new ethics application may be required. The maximum window for data collection the Committee is able to approve is 5 years from the date ethics approval is granted (5 years from 01/08/2022). If you wish to collect data beyond 5 years a new ethics application will be required.

Please ensure you review the [Research Ethics website](#) throughout the duration of your project to keep up to date on current UoM guidance and best practice.

Please see below for a table of the titles, version numbers and dates of all the final approved documents for your project:

Document Type	File Name	Date	Version
Data Management Plan	DMP How_is_an_Islamically_integrated_psychotherapy_utilised_when_working_with_young_children_	18/07/2022	1
Additional docs	Interview Questions	20/07/2022	1
Additional docs	Demographic data	20/07/2022	1
Consent Form	Consent Form	24/07/2022	1
Participant Information Sheet	Participant information sheet	24/07/2022	1
Recruitment Text	Letter to organisations	24/07/2022	1

If you wish to propose any changes to the methodology or any other specifics within the project, including the dates of data collection, an application to seek an amendment must be submitted for review. Failure to do so could invalidate the insurance and constitute research misconduct.

You are reminded that, in accordance with University policy, any data carrying personal identifiers must be encrypted when not held on a secure university computer or kept securely as a hard copy in a location which is accessible only to those involved with the research.

For those undertaking research requiring a DBS Certificate: As you have now completed your ethical application if required a colleague at the University of Manchester will be in touch for you to undertake a DBS check. Please note that you do not have DBS approval until you have received a DBS Certificate completed by the University of Manchester, or you are an MA Teach First student who holds a DBS certificate for your current teaching role.

Reporting Requirements:

You are required to report to us the following:

1. [Amendments](#): Guidance on what constitutes an amendment

-
2. [Amendments](#): How to submit an amendment in the ERM system
 3. [Ethics Breaches and adverse events](#)
 4. [Data breaches](#)

We wish you every success with the research.

Yours sincerely,

Environment, Education and Development School Panel PGR

PGR.ethics.seed@manchester.ac.uk

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